

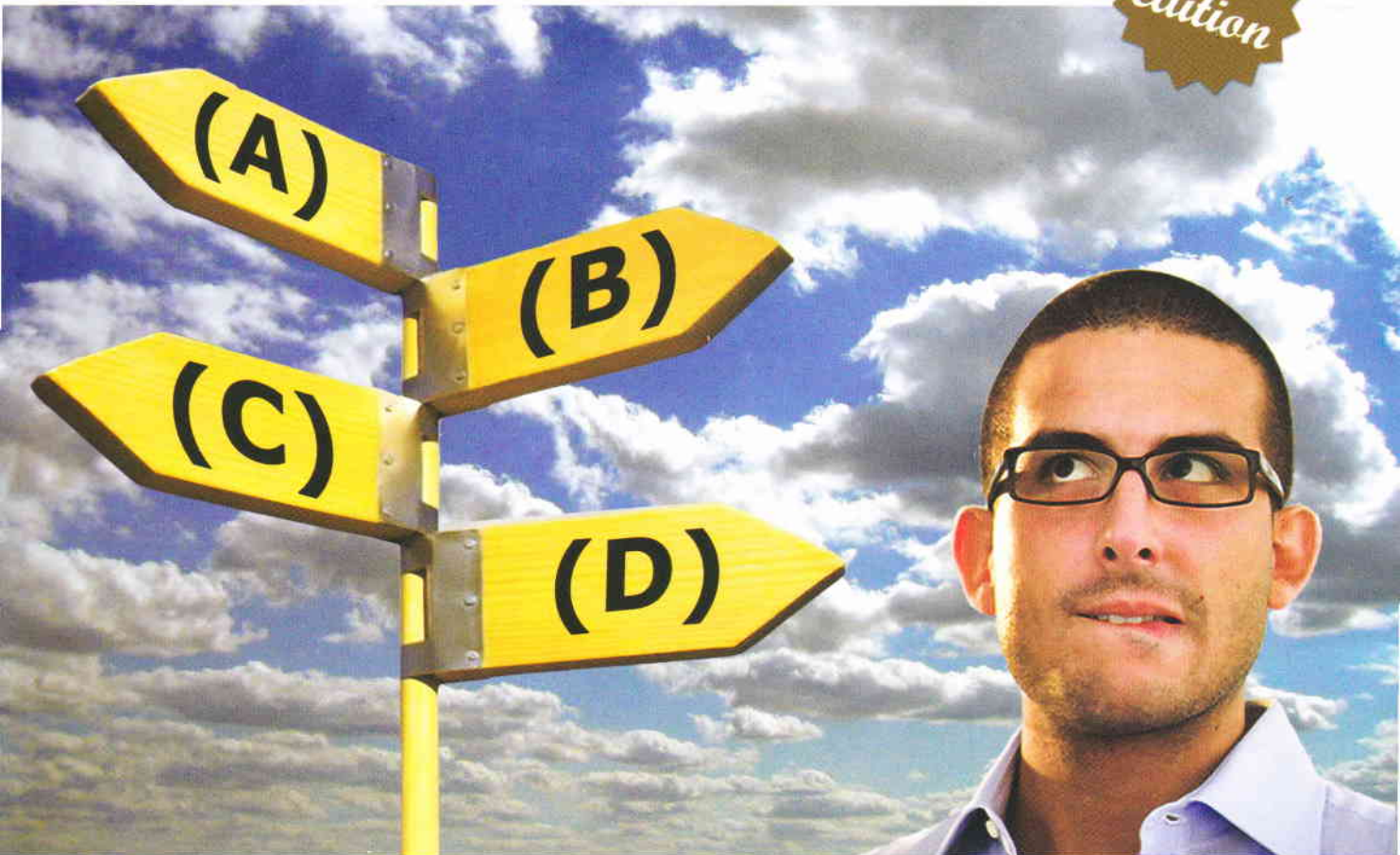
MCQ

Self Assessment

Multiple choice questions

PART IV

*New
edition*



Dr.Mohammed El-Matary

MATARY
SURGERY

VISIT...

LANZAROTE
Caliente.COM

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Dedication

*Allah the all merciful, I beg Thee
To accept this effort
For the soul of my mother
She was your gift for me*

Acknowledgement

The author wishes to acknowledge with gratitude:
Who had helped in preparation and production of this book
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Preface

This book provides an update for medical students who need to keep abreast of recent developments. I hope also it will be useful for those preparing for postgraduate examination.

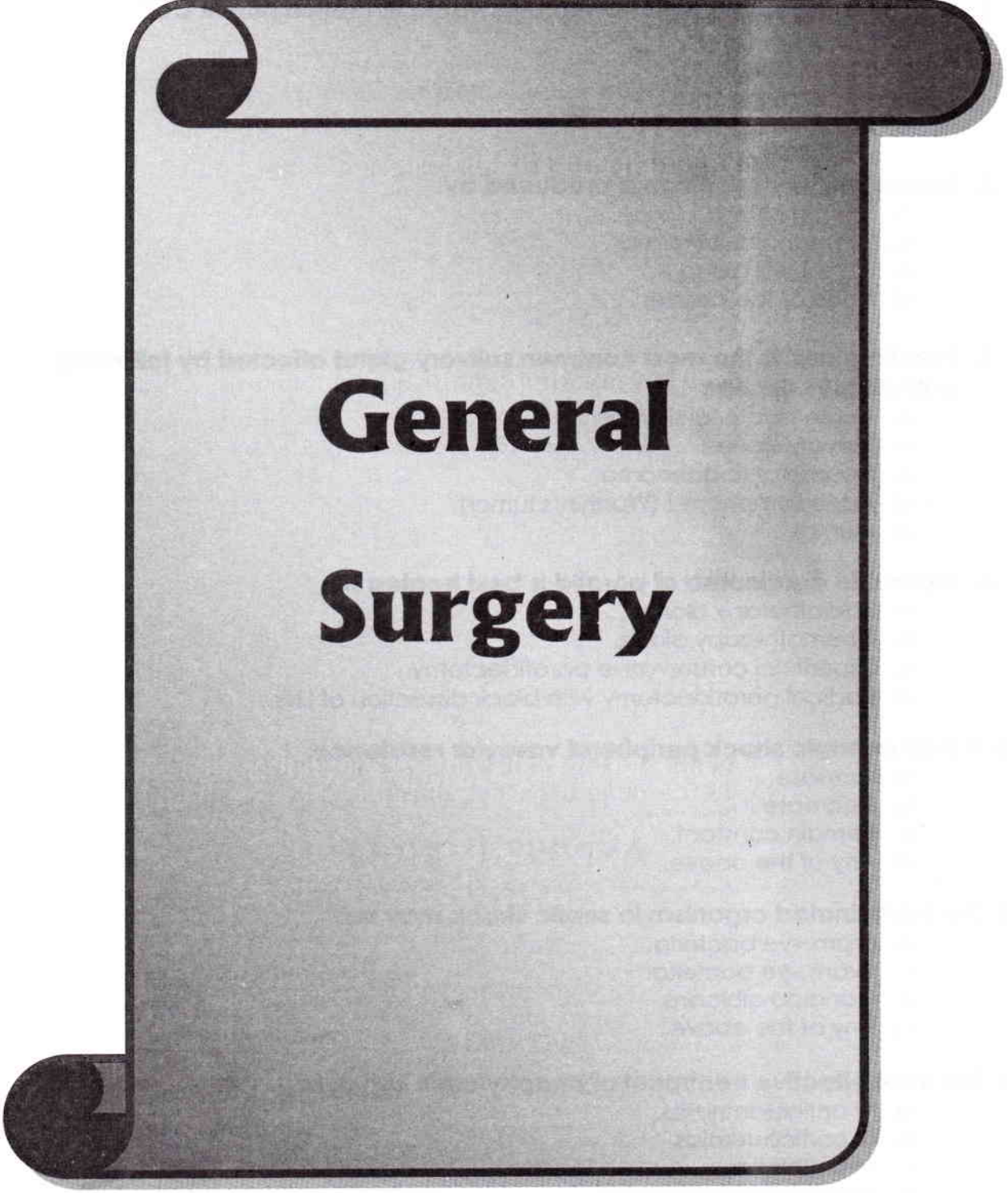
This book is designed to provide a concise summary of different surgery branches in the form of multiple choice questions covering all branches.

The author is extremely grateful to all the contributors for the high standard of the new chapters, and hopes that you, the reader, will enjoy going through these pages as much as he had.

M. El-Matary

Table of content

Topic	Page
General surgery	1
Breast, Thyroid & Testis	20
Vascular surgery	47
GIT surgery	72
Urosurgery	123
Cardiothoracic surgery	143
Orthopedic surgery	151
Neurosurgery	171
Plastic surgery	182



General Surgery

Volume-I MCQ

GENERAL

1. The following salivary gland secretes viscid secretion rich in Ca^{++} :
 - a. Parotid.
 - b. Sublingual.
 - c. Accessory glands.
 - d. All of the above.
2. Serous salivary secretion is produced by:
 - a. Parotid gland.
 - b. Submandibular gland.
 - c. Sublingual gland.
 - d. None of the above.
3. Parotid gland is the most common salivary gland affected by following pathologies except:
 - a. Acute bacterial sialadenitis.
 - b. Salivary stones.
 - c. Pleomorphic adenoma.
 - d. Adenolymphoma (Warthin's tumor).
 - e. Mumps.
4. Operable carcinoma of parotid is best treated by:
 - a. Radiotherapy alone.
 - b. Chemotherapy alone.
 - c. Superficial conservative parotidectomy.
 - d. Radical parotidectomy with block dissection of LNs.
5. In hemorrhagic shock peripheral vascular resistance:
 - a. Increase.
 - b. Decrease.
 - c. Remain constant.
 - d. Any of the above.
6. The incriminated organism in septic shock may be:
 - a. gram +ve bacteria.
 - b. Gram -ve bacteria.
 - c. Candida albicans.
 - d. Any of the above.
7. The most effective treatment of anaphylactic shock is:
 - a. IV antihistaminics.
 - b. IV corticosteroids.
 - c. IV antibiotics.
 - d. Intracardiac adrenaline.

Self-Assessment

8. The following conditions may lead to shock except:

- a. Penicillin injection.
- b. Myocardial infarction.
- c. Quinsy.
- d. Loss of 8% blood volume.
- e. None of the above.

9. As regard vasovagal attacks all are true except:

- a. Usual cause is trauma to trigger area.
- b. Psychic trauma is a recognized cause.
- c. Atropine is the gold standard treatment of the condition.
- d. Usually there is peripheral pooling of blood.

10. The following diseases predispose to surgical wound infection except:

- a. Obesity
- b. Hypertension
- c. DM
- d. Malignancy

11. The following disease may be transmitted during blood transfusion except:

- a. CMV
- b. Malaria
- c. Hepatitis A
- d. Brucellosis

12. Secondary hemorrhage is usually due to:

- a. Trauma
- b. Slipped ligature
- c. Infection
- d. All of the above

13. As regard TPN:

- a. It is the only route of nutrition in short bowel syndrome.
- b. Not indicated except if necessary.
- c. May lead to sepsis and pneumothorax.
- d. Always indicated in conditions requiring NPO.
- e. All of the above.

In adult male 70 kg.

14. Total body water is about:

- a. 35kg.
- b. 42kg.
- c. 50kg.
- d. 55kg.

Volume-I MCQ

15. Intracellular water is about:

- a. 20 kg.
- b. 28kg.
- c. 35kg.
- d. 40kg.

16. Interstitial water is about:

- a. 10kg.
- b. 20kg.
- c. 25kg.
- d. 28kg.

17. Intravascular body water is about:

- a. 1kg.
- b. 2.5kg.
- c. 3.5kg.
- d. 5kg.

18. The highest concentration of K⁺ occurs in:

- a. Urine.
- b. Succus entericus.
- c. Semen.
- d. Saliva.

19. The following conditions lead to hypokalemia except:

- a. Thiazide intake.
- b. Cushing \$.
- c. Spirolctone intake.
- d. Liver cell failure.

20. In acute respiratory alkalosis bicarbonate level:

- a. Increases.
- b. Decreases.
- c. Remains constant.
- d. Any of the above.

21. Hypernatraemia can present by:

- a. Irritability.
- b. Twitches.
- c. Convulsions.
- d. Hyperreflexia.
- e. Any of the above.

Self-Assessment

- 22. Most common cause of water toxicity is:**
- a. Iatrogenic.
 - b. Compulsive water intake.
 - c. Increase ADH.
 - d. None of the above.
- 23. The most urgent measure in the management of a severely injured patient in the reception room is :**
- a. Control of active bleeding.
 - b. Taking blood sample for grouping and cross matching.
 - c. Establishing an intravenous line.
 - d. Securing clear airway and adequate pulmonary ventilation.
 - e. providing tetanus prophylaxis.
- 24. Oligemic shock is/Characterized by**
- a. Tachycardia.
 - b. Hypotension.
 - c. Pallor.
 - d. Collapsed veins.
 - e. Generalized vasoconstriction.
- N.B:** vasoconstriction doesn't occur in brain, heart, & skeletal muscles
- 25. The essential pathophysiological disorder' in all types of shock is**
- a. Hypotension.
 - b. Tachycardia.
 - c. Viscerocutaneous vasoconstriction.
 - d. Impaired tissue perfusion.
 - e. E. Reduced blood volume.
- 26. The hyperdynamic phase of septic shock is characterized by the following signs except:**
- a. Hyperventilation.
 - b. Hypotension.
 - c. Tachycardia.
 - d. pale cold extremities.
 - e. Oliguria.
 - f. septic shock is characterized by the
- 27. Septic shock responds best to**
- a. Massive antibiotics.
 - b. Intravenous infusion.
 - c. Adrenocortical steroids.
 - d. Drainage of septic collections.
 - e. Vasopressors.

Volume-I MCQ

- 28. A comatose patient who has sustained multiple closed injuries is admitted with severe hypotension. The hypotension is most probably due to :**
- Intracranial hematoma.
 - Cerebral concussion.
 - Internal hemorrhage.
 - Neurogenic shock.
 - Cardiogenic shock.
- 29. Trauma induces increased secretion of the following hormones except:**
- Insulin.
 - Catecholamines.
 - ACTH and cortisone.
 - ADH (antidiuretic hormone).
 - Growth hormone.
- 30. The best guide for the required blood transfusion in haemorrhagic shock is the :**
- Arterial B.P.
 - Pulse rate.
 - Haematocrit.
 - Central venous pressure (CVP)
 - Urine output per minute.
- 31. In the adult respiratory distress syndrome (ARDS) due to "shock lung", the most important therapeutic measure is :**
- Oxygen inhalation.
 - Mechanical ventilation.
 - Large doses of methyl prednisolone.
 - Massive antibiotics.
 - Intravenous diuretics.
- 32. Concerning post-operative wound infection, which of the following statements is wrong?**
- Is most often due to dead space.
 - Can always be prevented by prophylactic antibiotics.
 - Frequently takes the form of stitch abscess.
 - May precipitate fatal secondary hemorrhage.
 - May end fatally by septic shock.
- 33. Which statement is wrong concerning Clostridium tetani ?**
- Is a gram-negative bacillus.
 - Has a drum-stick appearance.
 - Is a strict anaerobe.
 - Produces highly resistant spores.
 - Secretes a powerful neuro-exotoxin.

Self-Assessment

34. The prodromal symptoms of tetanus include the following except :

- a. Restlessness and sleeplessness.
- b. Rigidity or muscular twitchings in the region of the wound.
- c. Stiffness and twitchings of the jaw muscles.
- d. High fever.
- e. Excessive sweating and salivation.

35. The treatment of acute tetanus includes the following except :

- a. Administration of antitoxin.
- b. High-dose penicillin.
- c. Sedatives, muscle relaxants and mechanical ventilation.
- d. Wound excision.
- e. Nutritional and nursing care.

36. The most lethal exotoxin of *Cl. welchii* is:

- a. Hyaluronidase.
- b. Collagenase.
- c. Haemolysin.
- d. Lecithinase (alpha toxin).
- e. E. Deoxyribonuclease.

37. Which antibiotics are contraindicated in pregnant females:

- a. Penicillins.
- b. Cephalosporins.
- c. Tetracyclines.
- d. Aminoglycosides.
- e. Lincosamines.

38. Most hands infections are caused by:

- a. Streptococci.
- b. Staphylococci.
- c. E. Coli.
- d. Anaerob.es.
- e. Pseudomonas.

39. The hand infection which carries the highest risk of developing osteomyelitis is :

- a. paronychia.
- b. Intrathecal whitlow.
- c. pulp space infection (felon).
- d. Web space infection.
- e. Thenar space infection.

Volume-I MCQ

- 40. Ballooning of the thenar eminence with abduction of the thumb and marked oedema of the dorsum of the hand is diagnostic of :**
- Subcutaneous whitlow of the thenar eminence.
 - Intrathecal whitlow of the thumb.
 - Radial bursitis.
 - Thenar space infection.
 - Dorsal subaponeurotic space infection.
- 41. Most nosocomial infections involve the**
- Surgical wound.
 - Intravenous sites.
 - Respiratory tract.
 - Urinary tract.
 - Deep veins of the leg.
- 42. Congenital dermoid cysts are characterized by the following features (except) that they :**
- Occur at lines of embryological fusion.
 - Are commonest on the face.
 - Are often attached to the overlying skin.
 - May cause hollowing of subjacent bone.
 - Are lined by stratified squamous epithelium.
- 43. Sebaceous cyst is characterized by the following except that it:**
- Is due to obstruction of a sebaceous gland.
 - Is lined by stratified squamous epithelium.
 - Contains a yellow pultaceous greasy material known as sebum.
 - May occur on the palms and soles
 - Is always anchored to the overlying skin at the punctum of the obstructed gland.
- 44. A patient was operated upon under general anaesthesia at 9 a.m. Suddenly at 8 p.m. on the same day, he developed fever of 39°C. The most likely diagnosis is**
- Acute thrombophlebitis.
 - Atelectasis.
 - Bronchopneumonia.
 - Wound infection.
 - Anastomotic leakage.
- 45. Among the ABO blood groups, agglutinin A is absent from the cells of :**
- Group A.
 - Group B.
 - Group AB.
 - All of the above.
 - None of the above.

Self-Assessment

- 46. Banked blood is deficient in all of the following except:**
- a. Platelets.
 - b. White cells.
 - c. OXYgen-carrying capacity of Hb.
 - d. Potassium.
 - e. Anti-haemophilic globulin.
- 47. The most serious complication of blood transfusion is:**
- a. Pyrogenic reactions.
 - b. Thrombophlebitis of recipient vein.
 - c. Circulatory overloading.
 - d. Incompatibility reactions.
 - e. Viral hepatitis.
- 48. Concerning potassium depletion, the incorrect statement among the following is :**
- a. Follows loss of gastrointestinal secretions.
 - b. May be produced by diuretics.
 - c. Is often associated with acidosis.
 - d. Predisposes to cardiac arrhythmias.
 - e. Produces severe muscular weakness.
- 49. Acidosis may be produced by the following except:**
- a. Prolonged shock.
 - b. Hypoventilation.
 - c. Uncontrolled diabetes.
 - d. Open heart surgery.
 - e. Cirrhosis of the liver.
- 50. The earliest sign of hypocalcaemia is**
- a. Carpopedal spasms.
 - b. Positive Chvostek's sign.
 - c. Positive Trousseau's sign.
 - d. Tingling of fingers and circumoral region.
 - e. Defective blood coagulation.
- 51. Which one among the following statements about cystic hygroma is untrue?**
- a. Affects infants and young children.
 - b. Occurs chiefly in the neck, axilla and groin.
 - c. Presents as a large soft fluctuating translucent swelling.
 - d. Is localized to the subcutaneous tissues.
 - e. May rupture subcutaneously with spontaneous cure.
- 52. The false statement about ranula is that it:**
- a. Is a bluish cyst in the angle between the tongue and the floor of mouth.
 - b. Usually lies to one side of the middle line.
 - c. May extend into the submandibular region.
 - d. May assume an hour-glass appearance.
 - e. Is best treated by complete excision.

Volume-I MCQ

Salivary glands

- 53. Which statement about salivary calculi is untrue?**
- a. Are commonest in the parotid gland.
 - b. May lie in the gland or its duct.
 - c. Produce recurrent pain and swelling during meals.
 - d. Contain a high proportion of calcium.
 - e. May require excision of the affected gland.
- 54. Concerning pleomorphic adenoma (mixed salivary tumor), which of following statements is incorrect:**
- a. Is the commonest salivary tumor.
 - b. Has a very heterogenous histological structure.
 - c. Is well-encapsulated.
 - d. Presents as a slow-growing firm swelling just below the lobule of the ear.
 - e. Tends to recur after inadequate excision.
- 55. Among the following statements about branchial fistula, the incorrect one is that it :**
- a. Commonly results from rupture of a branchial cyst.
 - b. Usually opens externally at the lower third of the anterior border of the sternomastoid muscle.
 - c. Is often bilateral.
 - d. Discharges clear mucoid fluid.
 - e. Requires removal of the whole track by the "step-ladder" operation.
- 56. True statements about ludwig's angina do not include that it :**
- a. Is a virulent cellulitis of the floor of the mouth.
 - b. Usually results from infection with staphylococci.
 - c. Causes marked swelling in the submandibular region with severe edema of the tongue.
 - d. May cause suffocation.
 - e. May require urgent operation.
- 57. The most serious post-operative chest complications is**
- a. Pulmonary atelectasis.
 - b. Bronchopneumonia.
 - c. Pulmonary embolism.
 - d. Lung abscess.
 - e. Acute empyema.

Self-Assessment

- 58. The untrue statement about desmoid tumors of the abdominal wall is that they :**
- a. Arise from the rectus muscle or its sheath.
 - b. Occur most often in multiparous women.
 - c. Are locally invasive.
 - d. May give rise to metastasis.
 - e. Should be treated by wide local excision.
- 59. Concerning direct inguinal hernia, the ~incorrect statement is that it**
- a. Usually affects elderly males.
 - b. Is often bilateral.
 - c. Seldom descends into the scrotum.
 - d. Protrudes lateral to the inferior epigastric artery.
 - e. Rarely undergoes strangulation.
- 60. True statements about paraumbilical hernia include the following except that it:**
- a. Affects females more often than males.
 - b. Protrudes through the umbilical scar.
 - c. Is often associated with divarication of the recti.
 - d. Frequently has a multiocular sac.
 - e. Is rarely completely reducible.
- 61. The sac of femoral hernia protrudes through the:**
- a. Femoral ring.
 - b. Femoral canal.
 - c. Saphenous opening.
 - d. None of the above.
 - e. All of the above.
- 62. A 35-year-old multiparous female presented with a reducible right inguinal swelling which was diagnosed as a hernia. This hernia is most probably :**
- a. Femoral.
 - b. Direct inguinal.
 - c. Indirect inguinal.
 - d. Obturator.
 - e. Spigelian.

Volume-I MCQ

- 63. A 70-year-old male presented with chronic constipation and abdominal distension. On examination, he was found to have a longstanding large left scrotal hernia and the barium enema revealed that the hernia contained sigmoid colon. Operative exploration proved the presence of**
- Femoral hernia.
 - Direct inguinal hernia.
 - Indirect inguinal hernia.
 - Obturator hernia.
 - Sliding inguinal hernia.
- 64. A 25-year-old male presented with a painful tender right inguinal hernia and colicky abdominal pain. The abdominal plain X-ray showed multiple fluid levels. The correct management is by**
- Nasogastric suction and repeated observation.
 - Glycerine enema.
 - Taxis and truss treatment.
 - Urgent herniotomy.
 - Exploratory laparotomy.
- 65. A young female presented with an extremely tender right inguinal mass which could be an inflamed inguinal lymph node or a strangulated femoral hernia. The best diagnostic measure is by :**
- Ultrasonography.
 - Abdominal X-ray.
 - Response to antibiotics.
 - Aspiration biopsy.
 - Operative exploration.

Self-Assessment

GENERAL

- | | |
|---------------|---------------|
| 1. Answer: B | 34. Answer: D |
| 2. Answer: A | 35. Answer: D |
| 3. Answer: B | 36. Answer: D |
| 4. Answer: D | 37. Answer: C |
| 5. Answer: A | 38. Answer: B |
| 6. Answer: D | 39. Answer: C |
| 7. Answer: B | 40. Answer: D |
| 8. Answer: D | 41. Answer: D |
| 9. Answer: C | 42. Answer: C |
| 10. Answer: B | 43. Answer: D |
| 11. Answer: C | 44. Answer: B |
| 12. Answer: C | 45. Answer: B |
| 13. Answer: E | 46. Answer: D |
| 14. Answer: B | 47. Answer: D |
| 15. Answer: B | 48. Answer: C |
| 16. Answer: A | 49. Answer: E |
| 17. Answer: C | 50. Answer: D |
| 18. Answer: B | 51. Answer: D |
| 19. Answer: C | 52. Answer: E |
| 20. Answer: C | 53. Answer: A |
| 21. Answer: E | 54. Answer: C |
| 22. Answer: A | 55. Answer: A |
| 23. Answer: D | 56. Answer: B |
| 24. Answer: E | 57. Answer: C |
| 25. Answer: D | 58. Answer: D |
| 26. Answer: D | 59. Answer: D |
| 27. Answer: D | 60. Answer: B |
| 28. Answer: C | 61. Answer: E |
| 29. Answer: A | 62. Answer: C |
| 30. Answer: D | 63. Answer: E |
| 31. Answer: B | 64. Answer: D |
| 32. Answer: B | 65. Answer: E |
| 33. Answer: A | |

HERNIA

- 1. The commonest complicated hernia is:**
 - a- Femoral
 - b- Inguinal
 - c- Lumbar
 - d- Epigastric
- 2. Subtypes of femoral hernia do not include:**
 - a- Laugier hernia
 - b- Spigelian hernia
 - c- Cloquet hernia
 - d- None of the above
- 3. Exomphalos refers to:**
 - a- Congenital inguinal hernia
 - b- Femoral hernia
 - c- Congenital umbilical hernia
 - d- None of the above
- 4. Appendectomy may be complicated by which type of hernia:**
 - a- Indirect inguinal hernia
 - b- Direct inguinal hernia
 - c- Femoral hernia
 - d- Paraumbilical hernia
- 5. The following hernia is the most liable to strangulation:**
 - a- Femoral hernia
 - b- Inguinal hernia
 - c- Umbilical hernia
 - d- Incisional hernia
- 6. The following organ can not herniate:**
 - a- Bladder
 - b- Pancreas
 - c- Caecum
 - d- All of the above
- 7. As regards clinical picture of hernia:**
 - a- Scar at site of hernia has no medical importance
 - b- Irreducibility predisposes to complications
 - c- Hernia is always painful
 - d- All of the above.
- 8. The treatment of choice in strangulated hernia is:**
 - a- R & M
 - b- Urgent exploration is the rule
 - c- Reduction by taxis must be tried first
 - d- A & B

Self-Assessment

9. Ventral hernia is the:

- a- Femoral hernia
- b- Inguinal hernia
- c- Internal hernia
- d- Incisional hernia

10. Direct hernia:

- a- Passes through the internal ring
- b- Passes through the external ring
- c- Usually descends to scrotum
- d- Is more common than the indirect one

11. The structure that lies between the two components of pantaloon hernia is:

- a- Spermatic cord
- b- Conjoint tendon
- c- Femoral artery
- d- Inferior epigastric artery

12. All of the following are causes of hernia irreducibility, the commonest is:

- a- Omental content
- b- Adhesions
- c- Overcrowding
- d- Narrow neck

13. Sliding hernia:

- a- May contain part of bladder wall
- b- Causes partial irreducibility
- c- Predisposes to complications
- d- All of the above

14. The most serious complication of hernia is:

- a- Inflammation
- b- Obstruction
- c- Strangulation

15. As regards obturator hernia all are correct except:

- a- More common in females
- b- Lower limb movement induces pain
- c- In complicated cases pain is referred to knee
- d- All are true

16. The differential diagnosis of an inguinoscrotal swelling includes all of the following except:

- a- Oblique inguinal hernia
- b- Hydrocele of a hernial sac
- c- Buboncele
- d- Lipoma of the cord

Volume-I MCQ

HERNIA

1. Answer: B
2. Answer: B
3. Answer: C
4. Answer: B
5. Answer: A
6. Answer: B
7. Answer: B
8. Answer: D
9. Answer: D
10. Answer :B
11. Answer: D
12. Answer: B
13. Answer: D
14. Answer: C
15. Answer: D
16. Answer: C

Self-Assessment

INFECTION

1. **As regard cl. tetani all are correct except:**
 - a. Gram +ve bacilli anaerobic spore forming.
 - b. Drum stick appearance.
 - c. Have incubation period of 3-5 days.
 - d. Sensitive to penicillin.
2. **Sachrolytic group of clostridia include the following except:**
 - a. Cl. Welchii.
 - b. Cl. Histolyticum.
 - c. Cl. Septium.
 - d. Cl. Edematiens.
3. **Main pathogenic factor in tetanus is:**
 - a. Local destruction.
 - b. Endotoxin causing septicemia and MOF.
 - c. Exotoxin acting on anterior horn cells and motor end plates.
 - d. Hypersensitivity reaction.
4. **As regard incubation period of tetanus:**
 - a. Variable.
 - b. May occur up to 3weeks of wound.
 - c. The shorter the incubation period the poorer the prognosis.
 - d. All of the above.
5. **Incubation period of gas gangrene is about:**
 - a. 1-2 days.
 - b. 1-2 weeks.
 - c. Up to 1 month.
 - d. Up to 3 months.
6. **The earliest finding in tetanus is:**
 - a. Risus sardonicus.
 - b. Trismus.
 - c. Dysphagia.
 - d. Stridor.
7. **The most appropriate treatment for a case of gas gangrene with multi-organ dysfunction and established muscle necrosis is:**
 - a. IV antibiotics + corticosteroids.
 - b. Massive dose of antitoxin serum.
 - c. Amputation of the affected limb.
 - d. Debridement of dead muscle and limb salvage.
8. **Erysipelas differs from cellulitis in:**
 - a. Erysipelas is more superficial.
 - b. Erysipelas can not affect ear pinna.
 - c. Erysipelas has sharply demarcated indurated edges.
 - d. Erysipelas is caused by streptococci.

9. Most common risk factor for carbuncle:

- a. TB.
- b. DM.
- c. Corticosteroid intake.
- d. Bad hygiene.

10. The most feared complication of Ludwig angina is:

- a. Parapharyngeal abscess.
- b. Suffocation.
- c. Septicaemia.
- d. Poststreptococcal glomerulonephritis.

11. Most common hand infection is:

- a. Distal pulp space infection (felon).
- b. Paronychia.
- c. Ulnar bursitis.
- d. Thenar space infection.

12. The most desirable position to immobilize the hand:

- a. Wrist is flexed, MCP joints are extended and IP joints are flexed.
- b. Wrist is flexed, MCP joints are flexed and IP joints are extended.
- c. Wrist is extended, MCP joints are extended and IP joints are flexed.
- d. Wrist is extended, MCP joints are flexed and IP joints are flexed.
- e. Wrist is extended, MCP joints are flexed and IP joints are extended.

13. Sign of victory is suggestive of:

- a. Thenar space infection.
- b. Web space infection.
- c. Superficial mid palmar space infection.
- d. Deep mid palmar space infection.

14. The best site for incision of ulnar bursa abscess is:

- a. Lateral border of hypothenar eminence.
- b. Medial border of hypothenar eminence.
- c. Above the wrist.
- d. Any of the above.

15. Collar stud abscess is common with which type of hand infection:

- a. Thenar space infection.
- b. Subcuticular whitlow.
- c. Ulnar bursitis.
- d. Radial bursitis.

16. Most common site of actinomycosis:

- a. GIT.
- b. Head and neck.
- c. Breast.
- d. Lungs.

Self-Assessment

INFECTION

1. Answer: b.
2. Answer: c.
3. Answer: d.
4. Answer: a.
5. Answer: b.
6. Answer: c.
7. Answer: c.
8. Answer: c.
9. Answer: b.
10. Answer: b.
11. Answer: b.
12. Answer: e.
13. Answer: b.
14. Answer: a.
15. Answer: b.
16. Answer: b.

**Breast,
Thyroid
&
Testis**

Self-Assessment

BREAST

- 1. The most useful investigation for a breast with a prosthesis is:**
 - a. Mammography.
 - b. US.
 - c. FNABC.
 - d. MRI.
 - e. Hormonal receptors.

- 2. Triple assessment include the following except:**
 - a. Clinical evaluation.
 - b. Imaging.
 - c. Laboratory investigations.
 - d. Cytology.

- 3. Etiology of breast abscess include:**
 - a- Mostly in lactating women.
 - b- Due to Staph from baby mouth.
 - c- Bad hygiene.
 - d- All of the above.

- 4. Signs of pus formation are the following except:**
 - a- Hectic fever.
 - b- Edema of overlying skin.
 - c- No response to medical treatment for 48 hours.
 - d- Fluctuation occurs early in breast abscess.

- 5. Best treatment of chronic breast abscess is:**
 - a- Prolonged antibiotic courses.
 - b- Repeated aspiration.
 - c- Incision and drainage.
 - d- Excision of the whole abscess.

- 6. Clinical findings of fibroadenosis include:**
 - a- Cyclic pain.
 - b- Cyclic swelling.
 - c- Cyclic discharge.
 - d- All of the above.

- 7. Cyst of Blood Good is:**
 - a- Retention cyst of duct papilloma.
 - b- Precancerous lesion of breast.
 - c- Giant fibroadenoma.
 - d- Haemorrhagic cyst containing altered blood.

Volume-I MCQ

- 8. Treatment of fibroadenosis all true except:**
- a- Psychotherapy has a main role.
 - b- Primrose improves the condition.
 - c- Initial treatment should include antiestrogen.
 - d- Surgery is reserved to complicated cases.
- 9. The commonest route of infection of breast abscess is:**
- a- Along blood vessels
 - b- Retrograde infection along lymphatic vessels
 - c- Along natural passages (nipple)
 - d- Along artificial passages like fissures or cracks of nipple and areola
 - e- Local extension from infection of the chest wall muscles or ribs
- 10. Mondor's disease is:**
- a- An obscure type of thrombophlebitis particularly affecting veins of the breast.
 - b- Lymphoedema of the arm.
 - c- Chondritis of a costal cartilage.
 - d- Pectus excavatum.
- 11. Bleeding on zonal pressure is highly suggestive of:**
- a- Breast abscess.
 - b- Duct papilloma.
 - c- Cancer breast.
 - d- Cystosarcoma phylloides.
- 12. Best treatment for duct papilloma is:**
- a- Follow up.
 - b- Local excision.
 - c- Local excision with safety margin.
 - d- Chemotherapy and/or radiation.
- 13. The following is treatment of choice in pericanalicular fibroadenoma:**
- a- Irradiation.
 - b- Enucleation.
 - c- Removal en block.
 - d- Simple mastectomy.
- 14. Probe test can differentiate cystosarcoma phylloides from:**
- a- Fibroadenosis.
 - b- Breast mouse.
 - c- Cancer breast.
 - d- Chronic breast abscess.

Self-Assessment

- 15. Risk factors of cancer breast include all the following except:**
- a- Mutation in suppressor genes (BRCA I, II).
 - b- Early menarche.
 - c- Carcinoma in situ.
 - d- Prolonged lactation.
 - e- White races.
- 16. Increased occurrence of cancer breast in upper lateral quadrant is due to:**
- a- Increased estrogen receptors.
 - b- Increased breast mass.
 - c- Both of the above.
 - d- None of the above.
- 17. Peu d'orange is due to:**
- a- Skin metastasis.
 - b- Lymphatic obstruction.
 - c- Thrombophlebitis.
 - d- Any of the above.
- 18. Cancer en cuirasse is:**
- a- Skin nodule.
 - b- Lymphedema of breast skin.
 - c- Both.
 - d- None of the above.
- 19. The cause in skin dimpling in any fibrotic condition of the breast is the affection of:**
- a- Milk duct.
 - b- Milk acini.
 - c- Cooper's ligament.
 - d- All of the above.
- 20. Contraindications to conservative surgery include:**
- a- Large tumor.
 - b- Paget's disease of nipple.
 - c- Previous irradiation.
 - d- Distant metastasis.
 - e- All of the above.
- 21. The following is contraindication to conservative breast surgery:**
- a- Palpable mobile axillary LNs
 - b- Tumor 3 cm
 - c- Mastitis carcinomatosis
 - d- Patient aged 50 years

Volume-I MCQ

- 22. All the following are recognized side effects of radiotherapy except:**
- a- Local burn.
 - b- Pulmonary fibrosis.
 - c- End arteritis.
 - d- None of the above.
- 23. Adjuvant chemotherapy is indicated in:**
- a- +ve LN biopsy.
 - b- -ve hormonal receptors.
 - c- Poor prognosis of the case.
 - d- All of the above.
- 24. Chemotherapy is the primary palliative treatment in the following conditions:**
- a- Visceral metastasis.
 - b- Advanced case in premenopausal woman.
 - c- -ve hormonal receptors with distant metastasis.
 - d- All of the above.
- 25. The main presentation of Paget disease is:**
- a- Mass under the nipple
 - b- Bleeding per nipple
 - c- Unilateral red scaly nipple
 - d- Bilateral itchy red vesicles
- 26. Lobular carcinoma of breast All true except:**
- a- Is more common than ductal carcinoma.
 - b- In situ state is considered risk factor for malignancy.
 - c- With in situ carcinoma mammography of both breasts is mandatory.
 - d- Usually bilateral and multicentric.
- 27. As regard incidence of cancer breast all correct except:**
- e- Most common female malignancy.
 - f- Rare in nulliparous females.
 - g- Very rare below 20 years.
 - h- Males are rare to be affected but with grave prognosis.
- 28. Indian file arrangement is a histological picture of the following breast tumor:**
- a- Paget disease
 - b- Lobular carcinoma in situ
 - c- Ductal carcinoma in situ
 - d- Infiltrating lobular carcinoma

Self-Assessment

- 29. Which of the following statement(s) is/are true concerning adjuvant systemic therapy?**
- a- Adjuvant tamoxifen in post-menopausal, node-positive, ER-positive women is equivalent to cytotoxic chemotherapy
 - b- Tamoxifen clearly improves survival in all hormonal receptor-positive patients
 - c- CMF is associated with improved overall survival in both pre-menopausal and post-menopausal node-positive patients
 - d- There is no evidence to suggest a role for chemotherapy in node-negative patients
- 30. Clinical features of breast cancer which are associated with a particularly poor prognosis include:**
- a- Edema of the skin of the breast
 - b- Skin ulceration
 - c- Lateral arm edema
 - d- Dermal lymphatic invasion
 - e- All of the above
- 31. A 21-year-old woman presents with an asymptomatic breast mass. Which of the following statement(s) is/are true concerning her diagnosis and treatment?**
- a- Mammography will play an important role in diagnosing the lesion
 - b- Ultrasonography is often useful in the differential diagnosis of this lesion
 - c- The mass should always be excised
 - d- The lesion should be considered pre-malignant
- 32. The most frequent histologic type of breast carcinoma is:**
- a- Infiltrating papillary carcinoma
 - b- Infiltrating ductal carcinoma
 - c- Infiltrating lobular carcinoma
 - d- Colloid carcinoma
 - e- Medullary carcinoma
- 33. The acronym QUART stands for:**
- a- Quadrantectomy and radiotherapy
 - b- Quadrantectomy axillary dissection and radiotherapy
 - c- Quadrant resection and chemotherapy
 - d- None of the above
- 34. When stage I breast cancer is treated by partial mastectomy and dissection, further therapy should include:**
- a- Nothing.
 - b- Chemotherapy.
 - c- Antioestrogen agents.
 - d- Radiation of the affected breast.
 - e- Oophorectomy if premenopausal.

- 35. Massive swellings of the breast include all the following except:**
- a- Cystosarcoma phylloides
 - b- Atrophic scirrhous carcinoma.
 - c- Diffuse hypertrophy.
 - d- Giant fibroadenoma.
- 36. Tamoxifen use in breast cancer causes all Except:**
- a- Decreases recurrence in affected breast.
 - b- Decreases incidence in contralateral breast.
 - c- Increase incidence of endometrial cancer.
 - d- Increased incidence of myocardial infarction.
- 37. Incurable breast cancer in premenopausal females may be treated by the following except:**
- a- Local mastectomy
 - b- Radiotherapy
 - c- Estrogen administration
 - d- Chemotherapy
 - e- Tamoxifen
- 38. A palpable breast mass in a woman of 40 years**
- a- Is most likely to be cyst or carcinoma
 - b- Investigations by US is 90% diagnostic
 - c- Mammography alone is 90% sensitive for malignancy
 - d- May be ductal carcinoma in situ
 - e- Triple assessment (clinical H/E, mammography / US and FNAC combination) is 90% diagnostic
 - f- All of the above
- 39. The median survival untreated breast cancer is:**
- a- 1 year
 - b- 2.5 years
 - c- 5 years
 - d- 10 years
- 40. When breast cancer is treated by partial mastectomy or lumpectomy, further therapy should include:**
- a- Adjuvant chemotherapy
 - b- Complementary adrenalectomy
 - c- Coimplementary oophrectomy
 - d- Complementary radiation
- 41. Causes of gynecomastia:**
- a- Liver cell failure.
 - b- Digitalis.
 - c- Spironolactone.
 - d- Orchiectomy.
 - e- All of the above

Self-Assessment

- 42. Which of the following statement(s) is/are associated with gynecomastia?**
- a- If the disease is unilateral, it is unlikely drug-related
 - b- The standard surgical treatment is subcutaneous mastectomy
 - c- The presence of gynecomastia is often associated with the subsequent development of breast cancer
 - d- A formal endocrine evaluation is indicated in most patients with gynecomastia
- 43. Soft tissue mammography is most valuable in:**
- a. Differentiating of benign from malignant masses.
 - b. Mass screening of women of child-bearing age.
 - c. Detection of impalpable breast cancers.
 - d. Clinical staging of breast cancer.
 - e. Investigation of discharging nipples.
- 44. In hard fibroadenoma of the female breast, it is untrue that it:**
- a. Has a peak incidence in the second and third decades.
 - b. Forms a localized mobile lump.
 - c. Is usually painless.
 - d. May turn malignant.
 - e. Never resolves under medical treatment.
- 45. A 30-year-old female presented with serosanguinous discharge from the right nipple. Examination revealed no palpable masses. The most likely diagnosis is:**
- a. Intraduct papilloma.
 - b. Paget's disease of the breast ..
 - c. Occult carcinoma.
 - d. Lobular fibroadenosis.
 - e. Eczema of the nipple.
- 46. The following statements about fibroadenosis of the breast are true except that :**
- a. It manifests itself by pain or lumps.
 - b. Symptoms vary with the stages of the menstrual cycle.
 - c. Unopposed estrogen stimulation is a major aetiologic.
 - d. Large lumps may contain fluid on aspiration.
 - e. It can usually be clinically differentiated from carcinoma.
- 47. Risk factors in the development of breast cancer include the following except :**
- a. Family history.
 - b. Late menarche.
 - c. Nulliparity.
 - d. Previous breast cancer.
 - e. Fibrocystic disease.

Volume-I MCQ

- 48. The most common site for scirrhous carcinoma of the breast is:**
- a. Upper outer quadrant.
 - b. Upper inner quadrant.
 - c. Lower outer quadrant.
 - d. Lower inner quadrant.
 - e. Retroareolar region.
- 49. A 50-year-old female presented with a six-month history of pruritus and eczema of the nipple. Examination revealed no palpable breast masses or axillary nodes on either side. Biopsy from the nipple revealed clusters of Paget's cells replacing the epidermis. The most appropriate treatment is :**
- a. Excision of the nipple.
 - b. Simple mastectomy.
 - c. Radical mastectomy.
 - d. Radiotherapy.
 - e. Local applications to the nipple.
- 50. Concerning mastitis carcinosa, the incorrect statement among the following is that it :**
- a. Is a highly anaplastic carcinoma.
 - b. Occurs most often during pregnancy and lactation.
 - c. Is often misdiagnosed as acute mastitis.
 - d. Is associated with a palpable mass in the breast.
 - e. Causes painless enlargement of the axillary glands.
- 51. Bilateral primary breast cancer is most likely to develop in association with:**
- a. Medullary carcinoma.
 - b. Colloid carcinoma.
 - c. Duct carcinoma.
 - d. Lobular carcinoma.
 - e. Mastitis carcinoma.

Volume-I MCQ

BREAST

- | | |
|----------------|----------------|
| 1. Answer: d. | 27. Answer: b. |
| 2. Answer: c. | 28. Answer: d. |
| 3. Answer: d. | 29. Answer: a. |
| 4. Answer: d. | 30. Answer: e. |
| 5. Answer: d. | 31. Answer: b. |
| 6. Answer: d. | 32. Answer: b. |
| 7. Answer: d. | 33. Answer: b. |
| 8. Answer: c. | 34. Answer: d. |
| 9. Answer: c. | 35. Answer: b. |
| 10. Answer: a. | 36. Answer: d. |
| 11. Answer: b. | 37. Answer: c. |
| 12. Answer: c. | 38. Answer: f. |
| 13. Answer: b. | 39. Answer: b. |
| 14. Answer: c. | 40. Answer: d. |
| 15. Answer: d. | 41. Answer: e. |
| 16. Answer: c. | 42. Answer: b. |
| 17. Answer: b. | 43. Answer: C. |
| 18. Answer: c. | 44. Answer: D. |
| 19. Answer: c. | 45. Answer: A. |
| 20. Answer: e. | 46. Answer: E. |
| 21. Answer: c. | 47. Answer: B. |
| 22. Answer: d. | 48. Answer: A. |
| 23. Answer: d. | 49. Answer: C. |
| 24. Answer: d. | 50. Answer: D. |
| 25. Answer: c. | 51. Answer: D. |
| 26. Answer: a. | |

THYROID

1. **As regard embryology of thyroid:**
 - a. Develops from 1st branchial arch.
 - b. Develops from 4th branchial arch.
 - c. Both A and B.
 - d. None of the above.
2. **C-cells of thyroid gland:**
 - a. Develop from ultimobranchial body.
 - b. Produce calcitonin.
 - c. Are the origin of medullary carcinoma.
 - d. All of the above.
3. **As regard to T3:**
 - a. Less concentration than circulating T4.
 - b. More potent than T4.
 - c. Mostly bound to TBG.
 - d. All of the above.
4. **The correct sequence of events for the metabolism of iodine and synthesis thyroid hormone is:**
 - a. Trapping, organification, coupling, release, oxidation.
 - b. Oxidation, trapping, coupling, organification, release.
 - c. Coupling, organification, trapping, oxidation, release.
 - d. Trapping, coupling, oxidation, release, organification.
 - e. Trapping, oxidation, organification, coupling, release
5. **The daily requirement of iodine is:**
 - a. 60-70 µg.
 - b. 80-90 µg.
 - c. 100-125 µg.
 - d. 50-165 µg.
 - e. None of the above
6. **Most diagnostic single investigation for toxic adenoma is:**
 - a. T3-T4.
 - b. US.
 - c. Thyroid scan.
 - d. FNABC.
7. **the following statements regarding TSH measuring are true except:**
 - a. It is increased after total thyroidectomy.
 - b. Normal TSH is about 5 microunits/liter.
 - c. It is the most sensitive test for mild cases.
 - d. All of the above.

Self-Assessment

8. Warm nodule means:

- a. Inactive nodule.
- b. Usually cancerous.
- c. Active nodule.
- d. Toxic adenoma.

9. AS regards FNABC all correct except:

- a. Outpatient procedure.
- b. Cheap and safe.
- c. Requires general anesthesia.
- d. Can not differentiate follicular adenoma from carcinoma.

10. Presentations of ectopic thyroid include:

- a. Dysarthria.
- b. Midline neck swelling.
- c. Myxedema if removed by mistake.
- d. Any of the above.

11. The most common site of thyroglossal cyst is:

- a. Subhyoid.
- b. Suprahyoid.
- c. Sublingual.
- d. At thyroid cartilage.

12. the following are true regarding thyroglossal cyst except:

- a. Usually presents as midline neck swelling.
- b. May be confused with ectopic thyroid.
- c. Best treatment is follow up.
- d. Should be excised completely for fear of complications.

13. Preparation of retrosternal goiter for surgery include:

- a. Neomercazole.
- b. Lugol's iodine.
- c. Propranolol.
- d. A and C.

14. Sporadic goiter may occur due to the following except:

- a. Cabbage.
- b. Water pollution by excreta.
- c. Iodine deficiency.
- d. Percholates.

Volume-I MCQ

- 15. Autoimmune manifestations of Grave's disease include the following except:**
- a. Palmar erythema.
 - b. Clubbing.
 - c. Pretibial myxedema.
 - d. Exophthalmos.
- 16. All of the following are recognized complications of neomercazole except:**
- a. Goiter.
 - b. Agranulocytosis.
 - c. Renal failure.
 - d. Hepatotoxicity.
- 17. Thyrotoxicosis in children all correct except:**
- a. Usually goes into spontaneous remission.
 - b. Medical treatment alone can control the disease.
 - c. Radioactive iodine is the ideal treatment.
 - d. Thyroidectomy should be near total to avoid recurrence.
- 18. Which of the following treatment schedule for diffuse toxic goitre is True:**
- a. Over 45years: radioactive iodine.
 - b. Under 45 years: with large goitre: surgery.
 - c. Under 45 years: with small goitre: antithyroid drugs.
 - d. None of the above.
 - e. All of the above.
- 19. Toxic goiter has the following signs except:**
- a. Flapping tremors of the hand
 - b. Exophthalmos
 - c. Diarrhea
 - d. Menstrual Irregularities
- 20. 3 hours post-thyroidectomy, 30-year out woman developed agitation and difficulty breathing, tachycardia and dry dressing but anterior cervical swelling. The most appropriate immediate step is**
- a. Insertion of an oro-tracheal tube
 - b. Reopening of the cervical wound
 - c. Estimation of serum calcium level
 - d. IV morphine

Self-Assessment

- 21. On the 5th postoperative day after total thyroidectomy, a patient complains of tingling of the fingertips and the serum calcium level of 5.5mg/d L. The next step should be**
- a. Observation only
 - b. Administration of vitamin D2 or D3 50000-100000 units/ day
 - c. Administration of vitamin D3 1-2µg/day
 - d. Administration of calcium gluconate 3-6g /day, by slow IV drip
- 22. Hashimoto disease may present by:**
- a. Thyrotoxicosis.
 - b. Myxedema.
 - c. Goiter.
 - d. Any of the above.
- 23. The following type of thyroiditis mimics malignancy:**
- a. Hashimoto thyroiditis.
 - b. Riedle thyroiditis.
 - c. De Quervain's thyroiditis.
 - d. All of the above.
- 24. The most common cause of goitrous hypothyroidism in adults is:**
- a. Graves' disease.
 - b. Riedel's thyroiditis.
 - c. Hashimoto's disease.
 - d. De Quervain's thyroiditis.
- 25. Clinical picture of thyroid carcinoma include:**
- a. Dyspnea and dysphagia.
 - b. Referred otalgia.
 - c. Hoarsness.
 - d. Lateral aberrant thyroid.
 - e. Berry's sign.
 - f. All of the above
- 26. A familial form of medullary thyroid carcinoma (MTC) should be suspected whenever:**
- a. The tumor is multifocal.
 - b. The tumor is bilateral (foci of tumor are present in both thyroid lobes.)
 - c. Pathologic examination of the resected thyroid gland reveals the presence of C-cell hyperplasia in areas of the gland adjacent to foci of MTC.
 - d. All of the above.

Volume-I MCQ

- 27. A thyroid nodule could be malignant if it shows:**
- a. rapid growth
 - b. Pain referred to the ear
 - c. Hardness
 - d. Associated hoarseness of voice
 - e. All of the above
- 28. Which of the following statement regarding follicular adenoma is True:**
- a. It presents clinically as a solitary nodule.
 - b. Distinction between follicular adenoma and carcinoma can only be made by histological examination.
 - c. In adenoma there is no invasion of the capsule or of pericapsular blood vessels.
 - d. Preferable treatment is lobectomy
 - e. All of the above.
- 29. In thyroid carcinoma, mediastinal node involvement is a feature of which type:**
- a. Follicular.
 - b. Anaplastic.
 - c. Papillary.
 - d. Medullary.
- 30. The term lateral aberrant thyroid really implies**
- a. congenital aberrant thyroid tissue lateral to the thyroid
 - b. a metastasis in a cervical lymph node from an occult thyroid carcinoma
 - c. a metastasis from carcinoma of the larynx
 - d. a type of brachial cyst
 - e. that a loose piece of thyroid has become implanted in a thyroidectomy scar
- 31. Hoarseness of voice denote**
- a. Compression of the superior laryngeal nerve
 - b. Infiltration of the recurrent laryngeal nerve
 - c. Infiltration of the superior laryngeal nerve
 - d. Tracheal compression
- 32. All are causes of hypercalcemia, Except:**
- a. Metastatic cancer
 - b. Sarcoidosis
 - c. Multiple myeloma
 - d. Vitamin D intoxication
 - e. Medullary carcinoma of the thyroid

Self-Assessment

- 33. A 17 year old girl presented with a 2.5 cm nodule in the right lobe of the thyroid gland and enlarged three cervical LNs confirmed by US. FNA cytology revealed malignant cells with vesicular nuclei, the most probable diagnosis is:**
- a. Lymphoma
 - b. Anaplastic carcinoma
 - c. Follicular carcinoma
 - d. Papillary carcinoma
 - e. Medullary carcinoma
- 34. A 30-year old female presents for evaluation of a palpable thyroid nodule. Tc99 scan demonstrated a single cold nodule it may be the following except:**
- a. Carcinoma
 - b. Non-functioning adenoma
 - c. Thyroid cyst
 - d. Colloid nodule
 - e. Autonomous nodule
- 35. The most frequent variety of thyroid cancer is:**
- a. Follicular carcinoma
 - b. Papillary carcinoma
 - c. Anaplastic carcinoma
 - d. Medullary carcinoma
- 36. Thyroid disease treatment**
- a. Lymphoma → irradiation and chemotherapy
 - b. Follicular adenoma → lobectomy
 - c. Follicular carcinoma → total thyroidectomy and radioiodine
 - d. Follicular carcinoma (by histopathological surprise → completion thyroidectomy and radioiodine
 - e. Autonomous nodule above 45 years → radioiodine
 - f. All of the above
- 37. Thyroid carcinoma during pregnancy, appropriate treatment is:**
- a. radioiodine¹³¹
 - b. Chemotherapy
 - c. Surgery
 - d. Wait for delivery
- 38. Recurrent goiter may be due to:**
- a. Inadequate initial removal.
 - b. Persistence of etiology.
 - c. Foreign body reaction.
 - d. Any of the above.

- 39. Excision of a thyroglossal cyst should include removal of**
- Thyroid isthmus.
 - Pyramidal lobe.
 - Body of the hyoid bone.
 - Foramen caecum.
 - Remnants of the thyroglossal duct.
- 40. In physiological goiter the following statements are true except that it :**
- Affects males more often than females.
 - Presents as fullness of the neck (Venus neck).
 - Is characterized by uniform smooth enlargement with fleshy or firm consistency.
 - May be associated with toxic or pressure symptoms.
 - Usually resolves spontaneously.
- 41. The best routine treatment for multinodular goitre is by:**
- Hemithyroidectomy.
 - Partial thyroidectomy.
 - Bilateral wedge resection.
 - Subtotal thyroidectomy.
 - Thyroxine administration.
- 42. Among the following statements about retrosternal goitre, the false one is that it :**
- Usually arises in aberrant intrathoracic thyroid tissue.
 - Is particularly common in males.
 - May present with symptoms of mediastinal compression (syndrome).
 - Is often associated with palpable enlargement of the thyroid.
 - Is best removed through a cervical incision.
- 43. A middle-aged female presented' with an asymptomatic nodule in the right lobe of the thyroid. She gave a history of irradiation in childhood. The nodule was cold on radioactive iodine scanning and the sonogram revealed that it was a solid mass. The appropriate management at this stage is :**
- Aspiration biopsy.
 - Treatment with thyroxine.
 - Right lobectomy.
 - Subtotal thyroidectomy.
 - Total thyroidectomy.
- 44. Voice fatigue after thyroidectomy is due to injury to which of the following nerves?**
- Superior laryngeal.
 - External laryngeal.
 - Internal laryngeal.
 - Recurrent laryngeal.
 - Vagus.

Self-Assessment

- 45. Medical treatment of thyrotoxicosis is least useful in:**
- a. Cases with true exophthalmos.
 - b. Pregnant females.
 - c. Secondary thyrotoxicosis.
 - d. Uncomplicated thyrocardiac patients.
 - e. Post-operative recurrence.
- 46. Thyrotoxicosis during pregnancy is best treated by:**
- a. Subtotal thyroidectomy.
 - b. Carbimazole.
 - c. Beta blockers.
 - d. Lugol's iodine.
 - e. Radioiodine.
- 47. The following statements about treatment of thyrotoxicosis by radioactive iodine are true except that it :**
- a. Is contraindicated in patients below the age of 40.
 - b. Is particularly useful in elderly and thyrocardiac patients.
 - c. Produces its beneficial effects within a few days.
 - d. May be followed by myxedema.
 - e. Carries the risk of late occurrence of thyroid cancer.
- 48. Hypothyroidism is most often due to :**
- a. Multinodular goitre.
 - b. Solitary adenoma.
 - c. Thyroid cancer.
 - d. Chronic thyroiditis.
 - e. Iatrogenic causes.
- 49. True statements about papillary carcinoma of the thyroid do not include that it :**
- a. Often affects adolescents.
 - b. Is a slow-growing tumor.
 - c. May be hormone-dependent.
 - d. Metastasize early by the blood stream.
 - e. Is radioresistant.
- 50. In subacute thyroiditis (de Quervain's disease), it is untrue that it:**
- a. Is a virus infection related to influenza or mumps.
 - b. Has a sudden onset with fever and painful swelling of the gland.
 - c. May cause radiating pain in the ear.
 - d. Never resolves spontaneously.
 - e. Responds well to prednisone.

51. In hashimoto's disease (Lymphadenoid goitre), the false statement that it :

- a. Usually affects menopausal women.
- b. Is characterized by uniform smooth enlargement of the gland with hard consistency.
- c. May be associated with hypothyroidism.
- d. Has a characteristic histological picture.
- e. Is best treated by radiotherapy.

52. The most frequent cause of primary hyperparathyroidism is:

- a. Parathyroid adenoma.
- b. Idiopathic parathyroid hyperplasia.
- c. Primary parathyroid carcinoma.
- d. Familial hyperparathyroidism.
- e. Ectopic production of parathormone.

53. Hypertension in a patient with a family history of medullary thyroid carcinoma is most often due to:

- a. Renal artery stenosis.
- b. Glomerulonephritis.
- c. Cushing's syndrome.
- d. Hyperparathyroidism.
- e. Pheochromocytana.

Self-Assessment

THYROID

- | | |
|----------------|----------------|
| 1. Answer: c. | 27. Answer: e |
| 2. Answer: d. | 28. Answer: e |
| 3. Answer: d. | 29. Answer: D |
| 4. Answer: e. | 30. Answer: B |
| 5. Answer: c. | 31. Answer: B |
| 6. Answer: c. | 32. Answer: E |
| 7. Answer: b | 33. Answer: D |
| 8. Answer: c. | 34. Answer: E |
| 9. Answer: c. | 35. Answer: B |
| 10. Answer: d. | 36. Answer: F |
| 11. Answer: a. | 37. Answer: C |
| 12. Answer: c | 38. Answer: d. |
| 13. Answer: c. | 39. Answer: C |
| 14. Answer: c. | 40. Answer: D |
| 15. Answer: a. | 41. Answer: D |
| 16. Answer: c. | 42. Answer: A |
| 17. Answer: c. | 43. Answer: C |
| 18. Answer: e. | 44. Answer: B |
| 19. Answer: a. | 45. Answer: C |
| 20. Answer: b. | 46. Answer: B |
| 21. Answer: d. | 47. Answer: C |
| 22. Answer: d. | 48. Answer: E |
| 23. Answer: b. | 49. Answer: D |
| 24. Answer: C | 50. Answer: D |
| 25. Answer: f. | 51. Answer: E |
| 26. Answer: D | 52. Answer: A |
| | 53. Answer: E |

TESTIS

1. **As regard to embryology of testis all are correct except:**
 - a. Develops from the genital ridge.
 - b. Is embryologically an intraperitoneal structure.
 - c. Derives its blood supply directly from aorta.
 - d. Torsion only occurs on top of anomalous testis.
2. **The tunica vaginalis corresponds to:**
 - a. Internal oblique.
 - b. Transversalis fascia.
 - c. Peritoneum.
 - d. None of the above.
3. **Empty scrotum may be due to:**
 - a. Testicular agenesis.
 - b. Fetal testicular torsion.
 - c. Arrested testis.
 - d. Retractable testis.
 - e. All of the above
4. **Inversion of testis may be:**
 - a. Anterior.
 - b. Anterolateral.
 - c. Lateral.
 - d. A&C
5. **All of the following are causes of unilateral testicular arrest except:**
 - a. Testicular dysgenesis.
 - b. Low maternal HCG.
 - c. Malformed inguinal canal.
 - d. Short testicular artery.
6. **Testicular arrest is more:**
 - a. On left side.
 - b. On right side.
 - c. Equal on both sides.
7. **Risk factors of testicular arrest include:**
 - a. +ve family history.
 - b. Down syndrome.
 - c. Teratogenic drugs.
 - d. Chronic maternal illness.
 - e. All of the above.

Self-Assessment

- 8. Testicular arrest is associated with urinary anomalies in:**
- a. 5% of cases.
 - b. 15% of cases.
 - c. 40% of cases.
 - d. 50% of cases.
- 9. Most common site of arrest of testis is:**
- a. Abdominal cavity.
 - b. Inguinal canal.
 - c. Pelvis.
 - d. Superficial inguinal pouch.
- 10. The following are complications of arrested testis:**
- a. Torsion.
 - b. Trauma.
 - c. Tumor.
 - d. All of the above.
- 11. The most diagnostic investigation in arrested testis is:**
- a. US.
 - b. CT.
 - c. Laparoscopy.
 - d. Doppler.
- 12. Testis not found by laparoscopy may be due to:**
- a. Testicular agenesis.
 - b. Fetal testicular torsion.
 - c. Maldescended testis.
 - d. All of the above.
- 13. Best time for orchiopexy is:**
- a. At 1st day of life.
 - b. 6-15 months.
 - c. At 5 years.
 - d. At puberty.
- 14. Best treatment of retractile testis is:**
- a. Reassurance.
 - b. Medical treatment.
 - c. Orchiopexy.
 - d. Orchidectomy.

Volume-I MCQ

15. Concerning undescended testis, the following statements are true except that it:

- a. Affects about 1% of all males
- b. Is commoner on the right than on the left side
- c. Is bilateral in about 20% of cases
- d. May be intra-abdominal or extra-abdominal
- e. Is rarely associated with inguinal hernia

16. The following statements about ectopic testis are true except that it:

- a. Is probably due to rupture of the scrotal tail of the gubernaculum.
- b. May lie in the groin or pubic region.
- c. Does not develop normally.
- d. Has a normal long spermatic cord.
- e. Can be easily replaced in the scrotum.

17. Best treatment for testicular torsion is:

- a. Resuscitation.
- b. Early operation to untwist the testis.
- c. Orchiopexy for other testis.
- d. All of the above in sequence.

18. While lifting a heavy weight, an adolescent male felt sudden severe pain in the testis, groin and lower abdomen associated with vomiting, sweating and collapse. Examination revealed an acutely tender inguino-scrotal swelling with redness and edema of the overlying skin. He proved to have:

- a. Strangulated inguinal hernia
- b. Traumatic orchitis
- c. Acute epididymo-orchitis
- d. Torsion of the testis
- e. Acute filarial funiculoepididymitis

19. Regarding choriocarcinoma all are correct except:

- a. It is a subtype of teratoma.
- b. Rarely gives lung metastasis.
- c. Secretes HCG in large amounts.
- d. All are true

20. Regarding incidence of testicular neoplasm:

- a. Most testicular neoplasms are malignant.
- b. Mostly occurs above 60 years of age.
- c. Most common neoplasm is teratoma.
- d. All of the above.

21. The 1st LN station draining testis is:

- a. Inguinal.
- b. Internal iliac.
- c. Para-aortic.
- d. Supraclavicular.

Self-Assessment

22. Most common presentation of testicular neoplasm is :

- a. Severe dull aching pain.
- b. Accidentally discovered painless mass.
- c. Secondary hydrocele.
- d. Bone pain &/or haemoptysis.

23. Radiosensitive testicular neoplasm is:

- a. Seminoma.
- b. Teratoma.
- c. None of the above.
- d. All of the above.

24. Precocious puberty is a character of:

- a. Sertoli cell tumor.
- b. Leydig cell tumor.
- c. Seminoma.
- d. Teratoma.

25. The most malignant testicular tumor is:

- a. Seminoma
- b. Embryonal carcinoma
- c. Choriocarcinoma
- d. Teratocarcinoma
- e. Teratoma

26. The management of testicular tumors includes the following except:

- a. Testicular biopsy
- b. Radical orchidectomy
- c. Simple orchidectomy
- d. Radiotherapy
- e. Chemotherapy

27. What is not true of interstitial cell tumors of testes:

- a. Leydig cell tumor masculinizes.
- b. Sertoli cell tumor feminizes.
- c. Prepubertal tumors are from sertoli cell.
- d. Sertoli cell tumors are benign and orchidectomy is curative.

28. Which of the following has earlier pulmonary metastases:

- a. Seminoma.
- b. Teratoma.
- c. Choriocarcinoma.
- d. Embryonal cell carcinoma.

29. Regarding testicular tumors, the untrue is:

- a. seminomas and teratomas are more common than non-germ cell tumors.
- b. Seminomas send pulmonary metastasis.
- c. They have an increased incidence in undescended testis.
- d. α -fetoprotein and β -HCG are tumor markers.
- e. The treatment of choice is radical orchidectomy.

30. Complications of varicocele include the following except:

- a. Sub fertility.
- b. Secondary hydrocele.
- c. Malignancy.
- d. Testicular atrophy.

31. Indications of surgical correction of varicocele include the following except:

- a. Severe persistent pain.
- b. Thrombophlebitis.
- c. Secondary varicocele.
- d. All cases should be treated surgically for fear of complications.

32. The main disadvantage of palomo operation is:

- a. Testicular artery injury.
- b. High recurrence.
- c. Hernia formation.
- d. Injury to vas.

33. The vaginal hydrocele is characterized by all of the following except:

- a. Fluctuation is positive
- b. Eversion and excision of the tunica is the main line of treatment
- c. The swelling is usually found above the neck of the scrotum
- d. Aspiration is followed by recurrence

34. Size fluctuation is a character of:

- a. Infantile hydrocele.
- b. Congenital hydrocele.
- c. Both A and B.
- d. None of the above.

35. Traction test is diagnostic of:

- a. Primary hydrocele.
- b. Epididymal cyst.
- c. Infantile hydrocele.
- d. Encysted hydrocele of the cord.

36. The following statements about spermatocele are correct except that it:

- a. Is a retention cyst in the head of the epididymis
- b. Usually affects elderly males
- c. Occurs as a painless globular swelling fixed to the upper pole of the testis
- d. Is usually opaque on transillumination
- e. Requires surgical excision

Self-Assessment

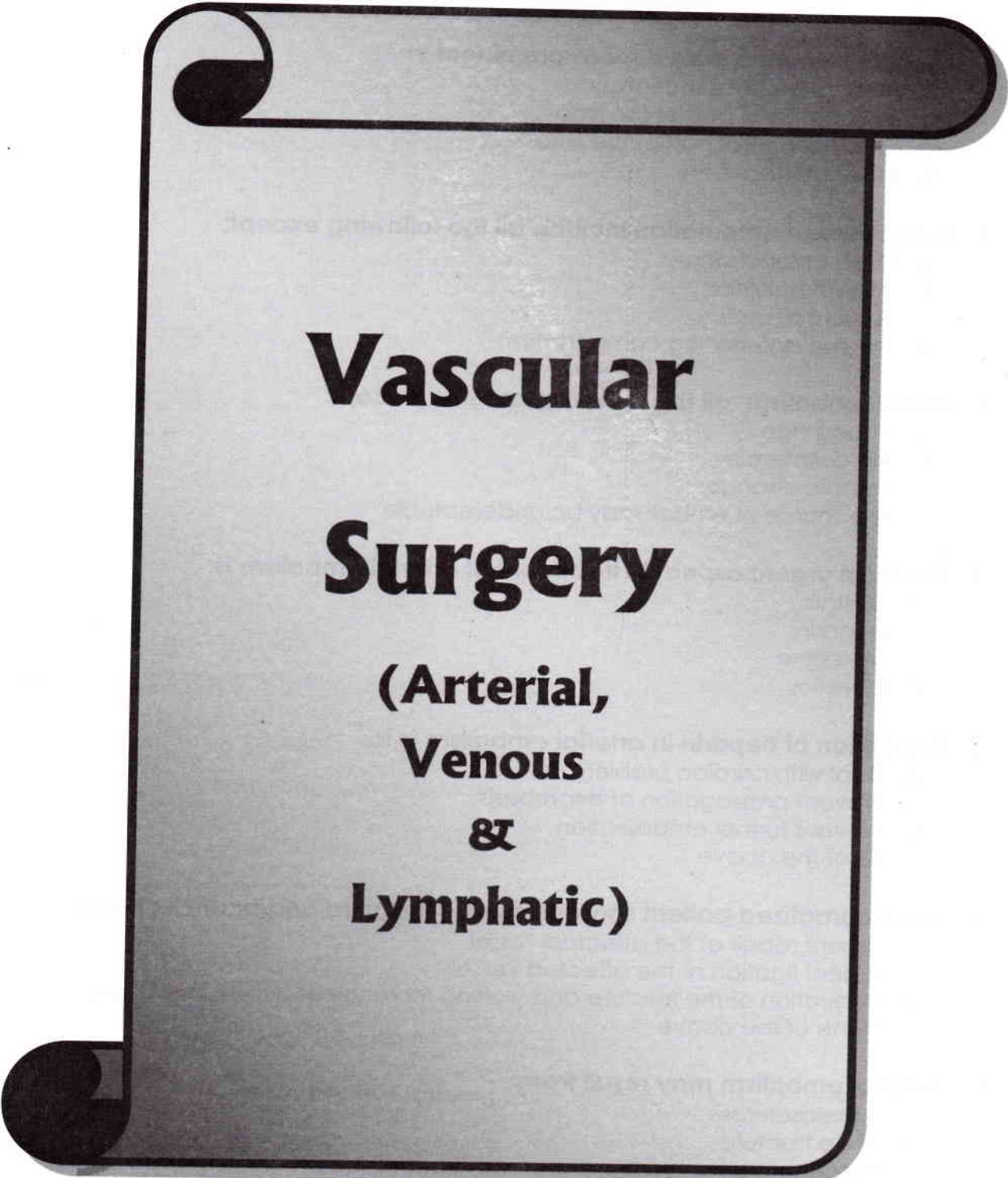
37. Which of the following is confirmatory of encysted hydrocele of cord:

- a. No impulse on cough.
- b. Positive fluctuation and translucency.
- c. Positive traction test.
- d. You can get above the swelling.

Volume-I MCQ

TESTIS

1. Answer: b.
2. Answer: c.
3. Answer: e
4. Answer: d
5. Answer: b.
6. Answer: b.
7. Answer: e.
8. Answer: b.
9. Answer: b.
10. Answer: d.
11. Answer: c.
12. Answer: d.
13. Answer: b.
14. Answer: a.
15. Answer: e.
16. Answer: c.
17. Answer: d.
18. Answer: d.
19. Answer: b.
20. Answer: a.
21. Answer: c.
22. Answer: b.
23. Answer: a.
24. Answer: b.
25. Answer: c.
26. Answer: a.
27. Answer: c.
28. Answer: c.
29. Answer: b.
30. Answer: c.
31. Answer: d.
32. Answer: b.
33. Answer: c.
34. Answer: b.
35. Answer: d.
36. Answer: d.
37. Answer: c.



Vascular

Surgery

**(Arterial,
Venous
&
Lymphatic)**

ARTERIAL

- 1. In acute ischemia pain is more prominent in:**
 - a. At the site of obstruction
 - b. Most proximal part of the limb
 - c. Most peripheral part of the limb
 - d. All of the above

- 2. Indications of amputation include all the following except:**
 - a. Fixed color changes
 - b. Absent pulsation
 - c. Tense calf
 - d. Bulging anterior leg compartment

- 3. About embolism, all the following are true except:**
 - a. Young age
 - b. No collaterals
 - c. Trophic changes
 - d. The source of emboli may be undetectable

- 4. The most urgent aspect in treatment of arterial embolism is:**
 - a- Digitalis
 - b- Heparin
 - c- Morphine
 - d- Diuretics

- 5. The action of heparin in arterial embolism is to:**
 - a. Deal with cardiac problem
 - b. Prevent propagation of thrombosis
 - c. Prevent further embolization
 - d. All of the above

- 6. In a traumatized patient showing signs of fracture and acute ischemia:**
 - a. Urgent repair of the affected vessel
 - b. Urgent ligation of the affected vessels
 - c. Reduction of the fracture and waiting for return of pulse is the 1st step
 - d. None of the above

- 7. Arterial embolism may result from:**
 - a. Atherosclerosis
 - b. Bone fracture
 - c. Parasites
 - d. All of the above

Self-Assessment

- 8. The most common cause of fat embolism is:**
- a. Weight gain
 - b. Weight loss
 - c. Bone fracture
 - d. None of the above
- 9. The most common site of arterial embolism**
- a. Common carotid artery
 - b. Brachial artery
 - c. Femoral artery
 - d. Popliteal artery
- 10. About acute arterial thrombosis all the following are true except:**
- a. Old age
 - b. History of chronic ischemia
 - c. No collateral
 - d. There may be history of diarrhea
- 11. Sure signs of arterial injury include all the following except:**
- a. Signs of ischemia
 - b. Evidence of adjacent nerve injury
 - c. Pulsating hematoma
 - d. Palpable thrill at the site of injury
- 12. In trauma causing arterial spasm treatment may include**
- a. Painting the artery with papaverine
 - b. Excision and grafting
 - c. Dilatation by Fogarty catheter
 - d. All of the above
- 13. Management of complete arterial tear may include all the following except**
- a. Dissection of the artery
 - b. Cut the minor branches
 - c. Suturing in transverse suture line
 - d. Saphenous grafting
- 14. About crush syndrome there will be**
- a. Alkaline urine
 - b. Small % of patient develops acute renal failure
 - c. Small % of the developed renal failure will need dialysis
 - d. Hypovolemic shock

Volume-I MCQ

15. As regard treatment of crush syndrome all the following are true except:

- a. Alkalinization of urine
- b. Early mobilization
- c. Fasciotomy
- d. If gangrene → amputation

16. About Burger's disease, all the following are true except:

- a. May affect the upper limb
- b. May cause severe pain
- c. There is intolerance to cold
- d. Inflammatory disease

17. The first muscle to be affected in Le Riche syndrome

- a. Vastus lateralis
- b. Vastus intermediate
- c. Vastus medialis
- d. None of the above

18. The best bypass grafting in Le Riche syndrome:

- a. In situ saphenous graft
- b. Reversed saphenous graft
- c. Dacron bifurcation graft
- d. None of the above

19. Indications of sympathectomy include all the following except:

- a. Burger's disease
- b. Raynaud's disease
- c. Diabetic patient
- d. Atherosclerosis with resistant ulcer

20. Lumbar sympathectomy include removal of:

- a. L1; 2, 3
- b. L2,3,4
- c. L3,4,5
- d. None of the above

21. Femoro-popliteal obstruction is best bypassed by:

- a. Saphenous graft
- b. Dacron graft
- c. Gortex graft
- d. None of the above

22. About burger's disease, all the following are true except:

- a. Progressive course
- b. Early neuritis
- c. Treated by sympathectomy
- d. Distal vessels

Self-Assessment

- 23. A patient with ankle brachial index 0.7 is considered**
- a. Normal patient
 - b. Ischemia
 - c. Server ischemia
 - d. Pre-gangrene
- 24. Indication of percutaneous trans-luminal angioplasty include all the following except**
- a. Short segment
 - b. Big vessel
 - c. Occlusion below the knee
 - d. None of the above
- 25. Patient of chronic ischemia with evidence of pregangernous changes is managed by:**
- a. Conservation
 - b. Surgical TTT
 - c. None of the above
- 26. Claudication distance is affected by all the following except:**
- a. Speed of walk
 - b. Degree of ischemia
 - c. Level of obstruction
 - d. Upstairs movement
- 27. Chronic ischemia is diagnosed when venous refilling time exceed:**
- a. 10 sec
 - b. 20 sec
 - c. 30 sec
 - d. None of the above
- 28. The most common cause of chronic ischemia:**
- a. Burger's disease
 - b. Raynaud's disease
 - c. Atherosclerosis
 - d. Arteritis
- 29. In femoral obstruction claudiaction starts from:**
- a. Thigh downwards
 - b. buttocks downward
 - c. Calf downwards
 - d. None of the above

Volume-I MCQ

30. Claudication pain is improved by:

- a. Walking
- b. Exercise
- c. Rest
- d. None of the above

31. Rest pain is improved by:

- a. Uncovering the limb
- b. Putting the limb in a dependant position
- c. Rubbing of dorsum of foot
- d. All of the above

32. The most common presentation of abdominal aortic aneurysm is:

- a. Pain
- b. Silent presentation
- c. Ischemia
- d. Shock

33. Surgical management is indicated if the diameter of abdominal aortic aneurysm is:

- a. 5 cm
- b. 6.5 cm
- c. 7.5 cm
- d. 9 cm

34. Etiology of diabetic foot infection include:

- a. Neuropathy
- b. Depressed immunity
- c. Glycosylation of tissues
- d. All of the above

35. Raynaud's phenomenon may result from:

- a. Beta blockers
- b. Vibrating tools
- c. Carpal tunnel syndrome
- d. Collagen disease
- e. All of the above

36. Raynaud's disease is:

- a. Degenerative
- b. Vasospastic
- c. Inflammatory
- d. None of the above

Self-Assessment

37. 25 years old female patient suffering of recurrent ischemic attacks in upper limbs which are bilateral, symmetrical with no trophic changes is diagnosed as:

- a. Athreoscleoris
- b. Burger's disease
- c. Raynaud's disease
- d. None of the above

38. Dorsal sympathectomy include removal of:

- a. T1, 2, 3
- b. T2,3,4
- c. T3,4,5
- d. None of the above

39. Embolism leads to:

- a. Moist gangrene
- b. Dry gangrene
- c. Never cause gangrene
- d. None of the above

40. The most serious complication of an abdominal aortic aneurysm is:

- a- Thrombosis
- b- Distal emboli
- c- Retro-peritoneal rupture
- d- Intra-peritoneal rupture

41. Subclavian steal phenomenon means :

- a. Claudication pain in the upper limb due to occlusion of subclavian artery
- b. Claudication pain 2ry to sympathectomy
- c. Transient ischemic attacks due to occlusion of subclavian artery before the origin of vertebral artery
- d. None of the above

42. Gangrene results from:

- a. Ischemia
- b. Infection
- c. Physical and chemical agents
- d. All of the above

43. Compartmental syndrome means:

- a. Ischemia of a single compartment of a limb
- b. Muscle swelling exaggerate the ischemia
- c. Ischemia of the main compartment of a limb
- d. None of the above

Volume-I MCQ

- 44. What is not True of Fournier's gangrene:**
- a- Can follow minor injuries to perineum.
 - b- Haemolytic streptococci are responsible.
 - c- Obliterative arteritis causes skin gangrene.
 - d- Testis and scrotum slough away.
 - e- Many patients die despite active treatment.
- 45. A 35-year old female presented with cervical lymphadenopathy. Biopsy revealed Hodgkin's disease and chest X-rays showed Widening of the mediastinum. The initial management should be :**
- a. Mediastinoscopy
 - b. Staging laparotomy
 - c. Radiotherapy.
 - d. Chemotherapy.
 - e. Combined radiation and chemotherapy.
- 46. Local heat is useful for the following except:**
- a. Ischemic pain relief.
 - b. Relief of muscle spasm
 - c. Improving local circulation.
 - d. Sedation.
 - e. Resolution of inflammatory edema.
- 47. The most important prognostic sign of ' acute ischaemia of a limb is**
- a. Pallor.
 - b. Cold skin.
 - c. cutaneous anaesthesia.
 - d. Muscular paralysis.
 - e. Muscle turgor.
- 48. A 30-year old male presented with acute pain in the foot and leg of 6-hour's duration. On examination, the left lower limb was cold up to the middle of the leg and the popliteal and ankle pulses were absent. The diagnosis proved to be**
- a. Left femoral artery embolism
 - b. Acute thrombosis of the femoral artery.
 - c. Buerger's disease.
 - d. Raynaud's disease.
 - e. Dissecting aortic aneurysm.
- 49. The most frequent cause of arterial embolism is:**
- a. Mitral valve disease.
 - b. Atrial fibrillation.
 - c. Myocardial infarction.
 - d. Aortic aneurysm.
 - e. Venous thrombosis in a patient with septal defect.

Self-Assessment

50. Indicate the incorrect statement about arterial embolism:

- a. It results in acute ischemia.
- b. Is always due to a detectable site of thrombosis.
- c. Is often due to lodgement of an embolism at the bifurcation a main artery.
- d. Is associated with a much higher incidence of gangrene than simple ligation of the same artery.
- e. Tends to induce reflex spasm and secondary thrombosis in the distal arterial tree.

51. Which statement is incorrect concerning Buerger's disease?

- a. Is a segmental occlusive disease of both arteries and veins.
- b. Occurs most often in young males.
- c. Is particularly common in heavy smokers.
- d. Affects large arteries only.
- e. May be preceded by phlebitis migrans

52. In Buerger's disease, the following statements are true except:

- a. Severe pain never occurs.
- b. Recurrent exacerbations and remissions are characteristic.
- c. C. Intermittent claudication is usually the first symptoms.
- d. May end in gangrene.
- e. The arteriographic findings are often diagnostic.

53. The management of Buerger's disease includes the following except:

- a. Strict prohibition of smoking.
- b. Vasodilators, anticoagulants and platelet inhibitors.
- c. Sympathectomy.
- d. Arterial reconstruction.
- e. Amputation for gangrene when a line of demarcation appears.

54. Which statement is untrue concerning Leriche syndrome?

- a. It is due to aortoiliac occlusion below the renal arteries.
- b. The profunda femoris artery is almost always patent.
- c. Rarely cause gangrene.
- d. May be associated with the blue or purple toe syndrome.
- e. Characteristically affects elderly subjects with atherosclerosis.

55. Which statement is Untrue concerning Raynaud's disease:

- a. Occurs equally in both sexes.
- b. Usually manifests itself in the third decade.
- c. Affects the fingers and hands and rarely the feet.
- d. Is characterized by recurrent episodes initiated by emotional stress.
- e. Is best treated by cervicodorsal sympathectomy.

Volume-I MCQ

- 56. An abdominal aortic aneurysm is most often due to**
- a. Trauma.
 - b. Syphilis.
 - c. Bacterial endocarditis.
 - d. Atherosclerosis.
 - e. Marfan's syndrome.
- 57. The most frequent associated finding in patients with abdominal aortic aneurysm is :**
- a. Renal artery involvement.
 - b. Iliac artery occlusions.
 - c. Carotid artery occlusions.
 - d. Hypertension.
 - e. Coronary artery disease.
- 58. The most frequent symptom of the scalene syndrome is:**
- a. Pain along the ulnar nerve distribution.
 - b. Paraesthesia over the medial border of the forearm and hand.
 - c. Weakness and atrophy of the small muscles of the hand.
 - d. Claudication with exercise.
 - e. Gangrene of the digits.
- 59. A 50-year-old female underwent cholecystectomy. On the seventh post-operative day, she developed severe epigastric and chest pain with sweating and shortness of breath. Examination revealed mild fever and tenderness of the right calf. The most likely diagnosis is :**
- a. Myocardial infarction.
 - b. Basal pneumonia.
 - c. Pulmonary embolism.
 - d. Basal pleurisy.
 - e. Pulmonary atelectasis.

Self-Assessment

ARTERIAL

- | | |
|---------------|---------------|
| 1. Answer: C | 31. Answer: d |
| 2. Answer: B | 32. Answer: b |
| 3. Answer: C | 33. Answer: c |
| 4. Answer: B | 34. Answer: d |
| 5. Answer: D | 35. Answer: e |
| 6. Answer: c | 36. Answer: b |
| 7. Answer: d | 37. Answer: c |
| 8. Answer: c | 38. Answer: b |
| 9. Answer: c | 39. Answer: a |
| 10. Answer: c | 40. Answer: d |
| 11. Answer: b | 41. Answer: c |
| 12. Answer: d | 42. Answer: d |
| 13. Answer: c | 43. Answer: b |
| 14. Answer: d | 44. Answer: d |
| 15. Answer: b | 45. Answer: b |
| 16. Answer: c | 46. Answer: a |
| 17. Answer: c | 47. Answer: e |
| 18. Answer: c | 48. Answer: b |
| 19. Answer: c | 49. Answer: b |
| 20. Answer: b | 50. Answer: b |
| 21. Answer: a | 51. Answer: d |
| 22. Answer: a | 52. Answer: a |
| 23. Answer: c | 53. Answer: d |
| 24. Answer: c | 54. Answer: e |
| 25. Answer: b | 55. Answer: a |
| 26. Answer: c | 56. Answer: d |
| 27. Answer: c | 57. Answer: d |
| 28. Answer: c | 58. Answer: a |
| 29. Answer: c | 59. Answer: c |
| 30. Answer: c | |

VENOUS

1. **Pressure in superficial veins of the leg during stranding:**
 - a- 60 mmHg
 - b- 70 mmHg
 - c- 80 mmHg
 - d- 90 mmHg
2. **Superficial thrombophelbitis may complicate:**
 - a- Varicose veins
 - b- Trauma
 - c- Abscess
 - d- All of the above
3. **About thrombophlebitis migrans:**
 - a- It resolves spontaneously and reappear in another area
 - b- It is common with Burger's disease
 - c- It is common with visceral malignancy
 - d- All of the above
4. **About phlegmasia cerulae dolens all the following are true except:**
 - a- There is massive iliofemoral DVT
 - b- Severe congestion and cyanosis of lower limb
 - c- Treated by anticoagulants
 - d- May lead to venous gangrene
5. **The most dangerous DVT which requires the longest period of treatment:**
 - a- Calf vein DVT
 - b- Femoral vein DVT
 - c- Ileo-femoral DVT
 - d- All of the above
6. **The most important cause of DVT is:**
 - a- heart failure
 - b- Contraceptive pills
 - c- Previous DVT
 - d- Postoperative
7. **The following factors predispose to DVT except:**
 - a- Obesity
 - b- Pregnancy
 - c- Superficial thrombophlebitis
 - d- Burn

Self-Assessment

- 8. The following factors predispose to DVT except:**
- a- Polycythemia
 - b- Thrombocytosis
 - c- Leukemia
 - d- Severe exercise
- 9. The following disease can cause recurrent DVT :**
- a- Malignancy
 - b- Dehydration
 - c- Anti-thrombin III deficiency
 - d- Heart failure
- 10. DVT pain:**
- a- ↑ by exercise.
 - b- ↓ by exercise.
 - c- Not affected by exercise.
 - d- Exercise does not affect pain but aids in treatment
- 11. +ve Homan sign in:**
- a- Calf muscle inflammation
 - b- Trauma to the calf
 - c- DVT
 - d- All of the above
- 12. Causes of unilateral lower limb edema include the following except:**
- a- DVT
 - b- Varicose veins
 - c- Renal disease
 - d- Filariasis
- 13. About phlegmasia alba dolens all of the following are true except:**
- a- It is a complication of DVT
 - b- It is associated with arterial spasm
 - c- The affected limb is blue and massively swollen
 - d- It is associated with absent peripheral pulsation
- 14. Postphlebitic limb means:**
- a- Phlegmasia alba dolens
 - b- Phlegmasia cerula dolens
 - c- Gangrenous limb secondary to DVT
 - d- Venous insufficiency secondary to DVT
- 15. Fever in DVT:**
- a- High fever
 - b- Resulting from postoperative infection
 - c- Resulting from thrombolysis
 - d- Start on the 2nd day post operative

Volume-I MCQ

16. In DVT of femoral vein sign may be detected in:

- a- Whole lower limb
- b- Lower part of the thigh and downwards
- c- Calf downwards
- d- Foot and ankle

17. Control of heparin is by:

- a- PT
- b- PTT
- c- INR
- d- No need for control

18. Most recent control of oral anticoagulants:

- a- PT
- b- PTT
- c- INR
- d- No need for control

19. Antidote for heparin is:

- a- Protamine sulfate
- b- Vitamin K
- c- Corticosteroids
- d- None of the above

20. Control of LMW heparin is:

- a- PT
- b- PTT
- c- INR
- d- No need for control

21. The most accurate investigations of DVT with less complication:

- a- Doppler
- b- Duplex
- c- Spiral CT
- d- Venography

22. Routine postoperative prophylaxis of DVT for normal patient includes the following except:

- a- Early ambulation
- b- Active leg exercise
- c- Elastic stockings
- d- Adequate hydration

Self-Assessment

- 23. In DVT patient suffering from peptic ulcer treatment should be:**
- a- Heparin
 - b- Oral anticoagulants
 - c- Greenfield Filter
 - d- All of the above
- 24. The best fibrinolytic agent is:**
- a- Urokinase
 - b- Streptokinase
 - c- RDNA Tissue plasmingenn activators
 - d- None of the above
- 25. The best effect of fibrinolytic therapy is during:**
- a- First 3 days
 - b- First 5 days
 - c- First week
 - d- First month
- 26. Treatment of massive pulmonary embolism includes:**
- a- Cardiac catheterization
 - b- Thromobolytics
 - c- Pulmonary embolectomy
 - d- All of the above
- 27. Treatment of small pulmonary embolism:**
- a- Cardiac catheterization
 - b- Pulmonary embolectomy
 - c- Anticoagulants
 - d- All of the above
- 28. Recurrent pulmonary embolism in spite of full heparinization is an indication of:**
- a- More frequent doses
 - b- Oral anticoagulants
 - c- Greenfield filter
 - d- Fibrinolytic therapy
- 29. About pulmonary embolism all of the following are true except:**
- a- Cause 2-3% of hospital mortality
 - b- The most common cause is infective endocarditis
 - c- May be silent
 - d- May lead to pulmonary infarction

Volume-I MCQ

30. About investigation of pulmonary embolism all of the following are true except:

- a- Diminished both ventilation and perfusion
- b- Hypoxia and hypocapnia
- c- Pulmonale in ECG
- d- Hypoperfusion in pulmonary angiography

31. The most recent investigation of pulmonary embolism:

- a- ventilation perfusion test
- b- Pulmonary angiography
- c- Spiral CT
- d- ECG

32. Indication of surgery in VV is:

- a- Mild 1ry VV
- b- Large 1ry VV
- c- 2ry VV
- d- All of the above

33. Stripping operation may cause injury of:

- a- Saphenous nerve
- b- Sciatic nerve
- c- Sural nerve
- d- Obturator nerve

34. Surgical treatment of venous ulcer:

- a- Trendlenberg's operation
- b- Stripping
- c- Cockett & Dodd operation
- d- None of the above

35. The most common cause of leg ulcer is:

- a- Traumatic ulcer
- b- Venous ulcer
- c- Ischaemic ulcer
- d- TB ulcer

36. The most common cause of venous ulcer:

- a- Postphlebitic limb
- b- AV fistula
- c- 1ry VV
- d- All of the above

Self-Assessment

- 37. About clinical picture of venous ulcer, all of the following are true except:**
- a- Indurated base
 - b- Pigmented margin
 - c- Usually solitary
 - d- There must be the manifestation of VV
- 38. Dressing of the venous ulcer may be all the following except:**
- a- Saline
 - b- Ordinary antiseptics
 - c- EUSOL
 - d- None of the above
- 39. The hemodynamic effects of arteriovenous include the following except:**
- a- Decreased peripheral resistance.
 - b- Reduced cardiac output.
 - c- Increased venous pressure.
 - d- Reduced diastolic pressure.
 - e- Increased heart size.
- 40. Which statement is untrue concerning congenital arteriovenous fistulae?**
- a. Are usually multiple and clinically undetectable.
 - b. Manifest themselves clinically by pulsating varicose veins.
 - c. May cause local gigantism with congestion and edema of the skin.
 - d. Are often associated with port-wine staining of the skin.
 - e. Are easily treated by excision.
- 41. The proper treatment of superficial thrombophlebitis is:**
- a. Walking with elastic stockings.
 - b. Antibiotics.
 - c. Clot dissolvers.
 - d. Anticoagulants.
 - e. Venoligation.
- 42. Post-operative deep venous thrombosis is suspected from the following except:**
- a. Unexplained postoperative fever or tachycardia.
 - b. Pain in the sole or calf.
 - c. Swelling or edema of the calf or leg.
 - d. Pain on plantar flexion of the foot.
 - e. Color changes in the skin of the leg.
- 43. Which statement is untrue concerning pulmonary embolism:**
- a. It is usually a complication of deep venous thrombosis.
 - b. May cause sudden death.
 - c. May occur without obvious signs and symptoms in the legs.
 - d. Can be readily diagnosed by X-ray, examination of the chest.
 - e. Requires immediate heparinization.

Volume-I MCQ

44. The commonest cause of fatal pulmonary embolism is

- a. Iliac vein thrombosis.
- b. Thrombophlebitis of the femoral vein.
- c. Calf vein thrombosis.
- d. Axillary vein thrombosis.
- e. Phlebitis migrans.

Self-Assessment

VENOUS

- | | |
|---------------|---------------|
| 1. Answer: C | 23. Answer: C |
| 2. Answer: D | 24. Answer: C |
| 3. Answer: D | 25. Answer: A |
| 4. Answer: C | 26. Answer: D |
| 5. Answer: C | 27. Answer: C |
| 6. Answer: C | 28. Answer: C |
| 7. Answer: C | 29. Answer: B |
| 8. Answer: D | 30. Answer: A |
| 9. Answer: C | 31. Answer: C |
| 10. Answer: A | 32. Answer: B |
| 11. Answer: D | 33. Answer: A |
| 12. Answer: C | 34. Answer: C |
| 13. Answer: C | 35. Answer: B |
| 14. Answer: D | 36. Answer: A |
| 15. Answer: C | 37. Answer: D |
| 16. Answer: B | 38. Answer: B |
| 17. Answer: B | 39. Answer: B |
| 18. Answer: C | 40. Answer: E |
| 19. Answer: A | 41. Answer: A |
| 20. Answer: D | 42. Answer: D |
| 21. Answer: C | 43. Answer: D |
| 22. Answer: C | 44. Answer: A |

LYMPHATIC

1. **The most common cause of lymphedema:**
 - a- Streptococcal lymphadenitis
 - b- Filariasis
 - c- Irradiation
 - d- Tumors
2. **The vector of *Filaria Bancrofti* is:**
 - a- Female anopheles
 - b- *Culex pipiens*
 - c- Sand fly
 - d- None of the above
3. **Filarial edema is:**
 - a- Pitting
 - b- Non-pitting
 - c- First pitting then non pitting
 - d- First non-pitting then pitting
4. **History suggesting lymphedema include:**
 - a- Endemic area for filariasis
 - b- Mastectomy
 - c- Recurrent erysipelas
 - d- All of the above
5. **Swiss roll cake operation is a surgical treatment of:**
 - a- VV
 - b- DVT
 - c- Lymphedema
 - d- Chronic ischemia
6. **Indication of surgical treatment of lymphedema:**
 - a- Edema become non-pitting
 - b- Recurrent cases
 - c- Disability
 - d- All of the above
7. **Lymphatic born TB lymphadenitis is more common in:**
 - a- Children T
 - b- Adults
 - c- Elder people
 - d- None of the above

Self-Assessment

- 8. The commonest 1ry complex of TB is:**
- a- Tonsils + Lymph vessel + upper deep cervical LNs
 - b- Lungs + lymphatic vessel + mediastinal LNs
 - c- Intestine + lymphatic vessel + mesenteric LNs
 - d- Skin + lymphatic vessel + cutaneous LNs
- 9. About lymphadenoid type of TB lymphadenitis, all the following are true except:**
- a- No caseation
 - b- No matting
 - c- No cold abscess
 - d- No affection of medulla
- 10. In lymphatic born type of TB lymphadenitis, LNs examination will show all the following except:**
- a- Enlargement
 - b- Non tenderness
 - c- Rubbery consistency
 - d- Matting
- 11. Mycobacterium TB is cultural upon:**
- a- Ordinary media
 - b- Media containing dried blood
 - c- Media containing malachite green
 - d- Media containing ZN stain.
- 12. About aspiration of cold abscess, all of the following is true except:**
- a- Dependant site
 - b- Z-technique
 - c- Complete aspiration
 - d- Injection of streptomycin solution
- 13. About incision of the cold abscess, all of the following is true except:**
- a- Indicated if 2ry infection has occurred
 - b- Open deep fascia
 - c- Streptomycin powdering
 - d- Drain
- 14. The most common site of Hodgkin's lymphoma is:**
- a- Cervical LNs
 - b- Mediastinal LNs
 - c- Abdominal LNs
 - d- Axillary LNs

Volume-I MCQ

- 15. The worst prognosis of Hodgkin's disease is with:**
- a- Mixed cellularity
 - b- Lymphocytic depleted
 - c- Lymphocytic predominance
 - d- Nodular sclerosis
- 16. About Hodgkin's disease (drift back) expression means:**
- a- Lower dose of treatment is needed after some time
 - b- With time there is affection of the LNs draining the back
 - c- With time the lesion becomes less differentiated
 - d- None of the above
- 17. About Hodgkin's disease, all the following are true except:**
- a- No malignant cells in the Blood stream
 - b- Unimodal age distribution
 - c- Most commonly in cervical LNs
 - d- No caseation of LNs
- 18. The malignant cells are present in the blood stream in:**
- a- Hodgkin's lymphoma
 - b- Non-Hodgkin's lymphoma
 - c- Leukemia
 - d- All of the above
- 19. Hodgkin's disease is associated with:**
- a- P53 gene
 - b- O75 gene
 - c- P55 gene
 - d- All of the above
- 20. The commonest site of Burkett's lymphoma:**
- a- CNS
 - b- Jaw
 - c- Retroperitoneal tissues
 - d- Ovaries
- 21. All of the following cause generalized lymphadneopathy except:**
- a- Leukemia
 - b- Late lymphoma
 - c- EBV
 - d- Caseous TB lymphadenitis
- 22. Indicate the incorrect statement about filarial elephantiasis:**
- a. Usually affects the lower limbs and scrotum.
 - b. Is rarely associated with other filarial lesions.
 - c. May be complicated by lymphorrhoea, eczema and ulceration.
 - d. Is characterized by recurrent attacks of elephantoid fever.
 - e. Responds readily to antifilarial treatment.

Self-Assessment

23. Staging of Hodgkin's disease should include which of the following?

- a. Exploratory laparotomy.
- b. Splenectomy.
- c. Liver biopsy.
- d. Coeliac lymph node biopsy.
- e. All of the above.

24. The following statements about Burkitt's lymphoma are correct except:

- a. Is most common in Central Africa.
- b. Presents clinically by a rapidly growing tumor of the jaw or orbit.
- c. Has the same histological picture as lymphosarcoma.
- d. Is due to combined viral and malarial etiology.
- e. Is curable by chemotherapy.

25. Non-Hodgkin lymphomas differ from Hodgkin's disease in all of the following except:

- a. Commonly occur in the very young and very old.
- b. Are not associated with fever or pruritis.
- c. Do not primarily involve the gastrointestinal tract.
- d. The affected lymph nodes fuse with each other and infiltrate the surrounding structures.
- e. Carry a poorer prognosis than Hodgkin's disease.

26. In a motorcycle accident, a young male sustained a posterior dislocation of his right knee. After reduction of the dislocation, the ankle pulses were intact and the limb was immobilized in a splint. Six hours later, he complained of pain in the right leg with loss of sensation in the foot. The proper initial management is

- a. Observation for frank signs of ischaemia.
- b. Administration of anticoagulants and vasodilators.
- c. X-ray examination of the lumbosacral spine.
- d. Femoral arteriography.
- e. Fasciotomy to relieve tension.

27. A healthy 65-year old male was found on routine examination to have a symptomless central abdominal pulsatile mass. The initial management should be :

- a. Repeated physical check-ups.
- b. Abdominal sonography.
- c. Aortography.
- d. Doppler examination of the arterial system.
- e. Exploratory laparotomy.

Volume-I MCQ

- 28. An asymptomatic infrarenal abdominal aneurysm measuring 8 cm in diameter was discovered in a 70-year-old male who was otherwise healthy. The proper management is by :**
- a. Strict limitation of activity.
 - b. Reassurance and regular check-ups.
 - c. Antihypertensive medication.
 - d. Elective aneurysm resection.
 - e. Resection when symptoms develop.
- 29. Reconstructive arterial surgery is recommended for patients with the following manifestations of ischemia except:**
- a. Ischemic neuropathy.
 - b. Trophic ulceration.
 - c. Toe gangrene.
 - d. Claudication.
 - e. Nocturnal foot pain.
- 30. Which of the following statements about primary lymphedema is:**
- a. Is due to congenital hypoplasia of lymphatics.
 - b. Always manifests itself at birth.
 - c. Usually affects the lower limbs.
 - d. May be unilateral or bilateral.
 - e. May respond to conservative treatment in the early stages.

Self-Assessment

LYMPHATIC

1. Answer: b.
2. Answer: b.
3. Answer: c
4. Answer: d
5. Answer: c
6. Answer: c
7. Answer: a
8. Answer: a
9. Answer: d
10. Answer: c
11. Answer: c
12. Answer: a
13. Answer: d
14. Answer: a
15. Answer: b
16. Answer: c
17. Answer: b
18. Answer: c
19. Answer: a
20. Answer: b
21. Answer: d
22. Answer: e
23. Answer: e
24. Answer: c
25. Answer: c
26. Answer: d
27. Answer: b
28. Answer: d
29. Answer: d
30. Answer: b



GIT

Surgery

Self-Assessment

Esophagus

- 1. The normal pressure of LOS is:**
 - a- 5-40 cm H₂O
 - b- 10-20 cm H₂O
 - c- 20-30 cm H₂O
 - d- 30-40 cm H₂O

- 2. All of the following are part of VACTERL syndrome except:**
 - a. Vaginal hypoplasia.
 - b. Imperforate anus.
 - c. Tracheo-esophageal fistula.
 - d. Polycystic kidney.
 - e. Polydactyly.

- 3. The best investigation in a new born with arrest of catheter at 10cm from nostril:**
 - a. Plain X-ray.
 - b. Barium swallow.
 - c. Lipidol swallow.
 - d. Gastrograffin meal.
 - e. It is a normal variant with no need for investigations.

- 4. A new born diagnosed as esophageal atresia should be kept in:**
 - a. Supine position.
 - b. Prone position.
 - c. Semisitting position.
 - d. Trendelenberg position.

- 5. As regard Bockdalek hernia all are correct except:**
 - a. It always presents in neonatal life.
 - b. Presents with neonatal distress with scaphoid abdomen.
 - c. X-ray shows gas shadow with mediastinal shift.
 - d. Main line of treatment is conservative with respiratory support.

- 6. The commonest diaphragmatic hernia in adults is:**
 - a. Bockdalek hernia.
 - b. Morgagni hernia.
 - c. Rolling hernia.
 - d. Sliding hiatus hernia.

- 7. The commonest diaphragmatic hernia in infants is:**
 - a. Bockdalek hernia.
 - b. Morgagni hernia.
 - c. Rolling hernia.
 - d. Sliding hiatus hernia.

Volume-I MCQ

8. **Factors associated with the development of complications of gastroesophageal reflux disease include:**
- The presence of a defective lower esophageal sphincter
 - Inadequate esophageal clearance
 - The presence of a hiatal hernia
 - The presence of an alkaline component of the reflux material
 - All of the above
9. **An asymptomatic lower esophageal ring (Schatzki's ring) is best treated by:**
- Endoscopic dilatation
 - Transthoracic resection of the ring
 - Esophagogastrectomy with jejunal interposition
 - Transabdominal excision of the ring
 - Medical control of reflux oesophagitis
10. **Which patient should be offered (even poor medical risk) anti-reflex surgery as first treatment option for G E R D**
- Symptoms > 5 years
 - Hiatus hernia
 - Barrett's oesophagitis
 - Esophageal p H < 4 for >20% of the day
 - A0A
11. **Which of the following tests are helpful in assessing operability of esophageal cancer:**
- Esophagoscopy
 - CT scan
 - Barium swallow
 - Endoluminal Ultrasonography
 - B & D
12. **The worst palliative procedure for inoperable oesophageal carcinoma is:**
- Colon bypass
 - Esophagogastrostomy
 - Esophagojejunostomy
 - Gastrostomy
 - Celestin tube
13. **The most accurate method to evaluate lymph nodes involvement in esophageal cancer is:**
- Barium esophagogram
 - Endoscopic US
 - CT scan
 - Positron Emission tomography(PET)

Self-Assessment

- 14. As regards Plummer Vinson syndrome all are correct except:**
- a. Is more common in males.
 - b. Of unknown etiology.
 - c. May lead to postcricoid carcinoma.
 - d. Associated with splenomegaly.
- 15. Motility disorder in achalasia include:**
- a. Absent primary wave of peristalsis at LES.
 - b. Weak or incoordinated secondary wave.
 - c. Abnormal tertiary wave.
 - d. All of the above.
- 16. The following are lines of medical treatment of achalasia:**
- a. Botulinum toxin injection.
 - b. Calcium channel blocker.
 - c. Nitrates.
 - d. All of the above.
- 17. Cardiospasm is associated with:**
- a. esophageal webs
 - b. coronary artery spasm
 - c. hiatus hernia
 - d. Chagas' disease
- 18. Esophageal perforation is most often due to:**
- a. Reflux oesophagitis
 - b. Swallowed foreign bodies
 - c. Persistent vomiting
 - d. Instrumentation
 - e. Malignant ulceration
- 19. Management of endoscopic perforation of the esophagus All are correct except:**
- a. Barium swallow is the test choice
 - b. Conservative management is more likely to be successful than that of spontaneous rupture
 - c. Conservative management is recommended for perforation < 1 cm in size
 - d. Surgery is recommended for perforation > 1 cm in size
 - e. Middle third perforations are approached through a right thoracotomy
- 20. The commonest congenital anomaly of the esophagus is :**
- a. Atresia with tracheo-esophageal fistula into upper pouch.
 - b. Atresia with tracheo-esophageal fistula into lower pouch.
 - c. Atresia with fistula into each pouch.
 - d. Simple atresia without fistula.
 - e. Fistula without atresia.

Volume-I MCQ

- 21. The most common cause of reflux esophagitis is :**
- a. Sliding hiatus hernia.
 - b. Paraesophageal hiatus hernia.
 - c. Esophageal varices.
 - d. Esophago-cardiomyotomy (Heller's operation).
 - e. Prolonged vomiting.
- 22. Which of the following gives the best results for carcinoma of the esophagus :**
- a. Surgical excision alone.
 - b. Preoperative radiation and surgical excision.
 - c. Surgical excision followed by radiotherapy.
 - d. Radiotherapy and colon bypass.
 - e. Surgical excision and chemotherapy.
- 23. The following statements about the Mallory-Weiss syndrome are true except that it :**
- a. Is due to a mucosal tear along the gastroesophageal
 - b. Usually results from forceful retching or vomiting.
 - c. Is often associated with alcohol abuse.
 - d. Requires endoscopy for the diagnosis.
 - e. Should be treated surgically.
- 24. A previously healthy 8-year-old boy came to the emergency room because of massive hematemesis. The most probable cause is :**
- a. Erosive gastritis.
 - b. Idiopathic thrombocytopenic purpura (ITP).
 - c. Hemophilia.
 - d. Esophageal varices.
 - e. Mallory-Weiss syndrome.
- 25. The Mallory-Weiss syndrome occurs most often in:**
- a. Alcoholics.
 - b. Pregnant females.
 - c. Obese patients.
 - d. Children.
 - e. Patients with hiatus hernia.

Self-Assessment

Esophagus

1. Answer: d
2. Answer: a.
3. Answer: d.
4. Answer: b.
5. Answer: d.
6. Answer: d.
7. Answer: a.
8. Answer: e
9. Answer: a.
10. Answer: c.
11. Answer: e.
12. Answer: d
13. Answer: b.
14. Answer: a.
15. Answer: d.
16. Answer: d.
17. Answer: d.
18. Answer: d.
19. Answer: a.
20. Answer: b
21. Answer: a
22. Answer: b
23. Answer: e
24. Answer: d
25. Answer: a

Volume-I MCQ

Stomach

1. **All of the following are presentations of CHPS except:**
 - a. Bile stained vomiting.
 - b. Loss of weight in 1st 4 weeks of life.
 - c. Olive like mass in right upper abdomen.
 - d. Visible peristalsis.
2. **The most diagnostic investigation of CHPS is:**
 - a. Abdominal US.
 - b. Gastrograffin meal.
 - c. Barium meal.
 - d. None of the above.
3. **The surgical treatment of CHPS is:**
 - a. Gastrectomy and gastrojejunostomy.
 - b. Ramsted's operation.
 - c. Hiller's operation.
 - d. None of the above.
4. **Congenital atresia of duodenum usually involves:**
 - a. First part of duodenum.
 - b. Second part of duodenum.
 - c. Neighborhood of ampulla of Vater.
 - d. None of the above.
5. **Acute perforation of duodenal ulcer may present by the following except:**
 - a. Severe generalized abdominal pain.
 - b. Colicky pain in lower abdomen.
 - c. Septic peritonitis if neglected.
 - d. Massive hematemesis if posterior ulcer eroding gastroduodenal artery.
 - e. X-ray films show gas under diaphragm.
6. **The most common site of peptic ulcer is:**
 - a. Fundus of stomach.
 - b. Distal end of esophagus.
 - c. 1st part of duodenum.
 - d. Lesser curvature.
7. **Main line of treatment of gastric erosions is:**
 - a. Conservative treatment.
 - b. Surgical ligation of feeding vessel.
 - c. Gastrectomy.
 - d. None of the above.

Self-Assessment

8. **Helicobacter pylori:**
- a. Is a gram -ve bacilli spiral in shape (spirochetes).
 - b. Is the most common chronic infection world wide.
 - c. Is a common cause of chronic peptic ulcer.
 - d. Urease test can easily diagnose infection.
 - e. All of the above.
9. **The precancerous possibility of gastric ulcer makes it different from duodenal ones in that:**
- a. Regular follow up by endoscopy is indicated.
 - b. Surgical treatment if no response to medical treatment within 8 weeks.
 - c. Aim of surgery to remove ulcer completely.
 - d. All of the above.
10. **Which of the following is/are true regarding vagotomy:**
- a. Decrease gastric acidity up to 100%.
 - b. Trunkal vagotomy must be combined with drainage procedure.
 - c. Selective vagotomy doesn't need drainage procedure.
 - d. All of the above.
11. **Metabolic complications of subtotal gastrectomy with Billroth I or Billroth II reconstruction include the following except:**
- a. Hypothyroidism.
 - b. Anemia.
 - c. Reactive hypoglycemia.
 - d. Dumping syndrome.
 - e. Metabolic bone disease.
12. **Which of the following measures are effective in preventing stress gastritis bleeding in critically ill patients?**
- a. Improving systemic circulation by correcting any shock like state resulting from blood loss or sepsis.
 - b. Correcting systemic acid-base abnormality.
 - c. Maintaining adequate nutrition.
 - d. Reducing intragastric acidity by either antacid titration or H₂ antagonists.
 - e. All of the above
13. **A 50-year-old woman was admitted with a history of weight loss and anemia. An upper gastrointestinal endoscopy revealed atrophic gastric mucosa, apart from iron deficiency type, which other type of anemia is associated with fine lesion shown?**
- a. Hereditary spherocytosis.
 - b. Sickle cell anemia.
 - c. Pernicious anemia.
 - d. Mediterranean anemia.

Volume-I MCQ

- 14. High risk patients who will continue bleeding or re-bleed in cases of bleeding peptic ulcer include**
- Presentation with shock
 - Blood transfusion of 4 Units in 24 hours
 - Active bleeding or visible blood vessels on endoscopy
 - Bleeding deep posterior duodenal or lesser curvature gastric ulcers
 - All of the above
- 15. As regards Colloid carcinoma of stomach all are correct except:**
- Primary colloid carcinoma has better prognosis than secondary.
 - Secondary colloid carcinoma is due to mucinous degeneration of tumor.
 - Can lead to leather bottle stomach.
 - Is the most common cause of Krukenberg tumor of ovary.
- 16. In a male patient of 45 year complaining of dyspepsia for first time, the investigation of choice is:**
- Stool examination.
 - Barium-follow through.
 - Upper GI endoscopy.
 - Colonoscopy.
- 17. The following statements about hypertrophic pyloric stenosis are true except that it :**
- Affects males more often than females.
 - Manifests itself at birth.
 - Is characterized by projectile vomiting.
 - Is often associated with a palpable epigastric mass.
 - Is best treated by Ramstedt's operation.
- 18. Among the following statements about benign gastric ulcers, the incorrect one is that they:**
- Occur most often on the lesser curve of the stomach.
 - Are always due to hyperacidity.
 - Produce epigastric pain soon after meals.
 - Require routine gastroscopy and endoscopic biopsy.
 - Commonly recur after medical treatment.
- 19. The most important prognostic sign in carcinoma of the stomach is:**
- Size of the lesion.
 - Naked eye type.
 - Histological type.
 - Lymph node involvement.
 - Grade of malignancy.

Self-Assessment

- 20. The most frequent site of gastric cancer is the:**
- a. Cardia.
 - b. Fundus.
 - c. Lesser curvature.
 - d. Greater curvature.
 - e. Pyloric antrum.
- 21. Carcinoma of the stomach is often associated with the following except:**
- a. Achlorhydria of the stomach.
 - b. Atrophic gastritis.
 - c. Adenomatous gastric polyps.
 - d. Peptic ulceration.
 - e. Blood group A.
- 22. The following statements about gastrinomas are correct except that they are:**
- a. Non-beta cell pancreatic tumors.
 - b. Always benign.
 - c. Frequently multiple.
 - d. Responsible for the Zollinger-Ellison syndrome.
 - e. Extremely difficult to excise.
- 23. In acute hematemesis, the diagnosis is best established by:**
- a. Accurate history-taking.
 - b. Thorough physical examination.
 - c. Laboratory work-up.
 - d. Barium studies.
 - e. Fiberoptic gastroduodenoscopy.

Volume-I MCQ

Stomach

1. Answer: d.
2. Answer: d.
3. Answer: b.
4. Answer: c.
5. Answer: b.
6. Answer: c.
7. Answer: a.
8. Answer: e.
9. Answer: d.
10. Answer: b.
11. Answer: A
12. Answer: E
13. Answer: c
14. Answer: e
15. Answer: d.
16. Answer: c
17. Answer: B
18. Answer: B
19. Answer: D
20. Answer: E
21. Answer: D
22. Answer: B
23. Answer: E

Self-Assessment

Pancreas

- 1. As regard presentations of acute pancreatitis all are correct except:**
 - a. Symptoms are more evident than signs.
 - b. Pain usually radiate to hypogastrium.
 - c. Hematemesis and/or melena may occur.
 - d. Board like rigidity of abdomen may occur.
- 2. Indications for laparotomy in acute pancreatitis include the following except:**
 - a. Doubtful diagnosis.
 - b. Complicated cases.
 - c. Pseudocyst.
 - d. Deteriorating cases for debridement.
- 3. The most common cause of acute pancreatitis:**
 - a. Bile duct stone.
 - b. Alcoholism.
 - c. Iatrogenic.
 - d. Idiopathic.
- 4. The most common cause of chronic pancreatitis:**
 - a. Bile duct stone.
 - b. Alcoholism.
 - c. Iatrogenic.
 - d. Idiopathic.
- 5. The best treatment of acute pancreatitis is:**
 - a. Conservative (ryle, line, IV fluids and antibiotic).
 - b. CT guided aspiration.
 - c. Laparotomy and debridement.
 - d. None of the above.
- 6. Raised amylase level:**
 - a. Is diagnostic for chronic pancreatitis.
 - b. Is a screening test for cancer pancreas.
 - c. More than 1000 units is bad prognostic criteria in acute pancreatitis.
 - d. May occur in non pancreatic diseases as dissecting aortic aneurism.
- 7. The following are complications of acute pancreatitis. The most common cause of death is:**
 - a. Neurogenic shock.
 - b. Multiorgan failure.
 - c. Tetany.
 - d. Pancreatic abscess and septicemia.

Volume-I MCQ

- 8. ERCP finding suggestive of chronic pancreatitis include:**
- a. Dilated main duct with stones and strictures.
 - b. Pancreatic cysts.
 - c. Chain of lakes appearance.
 - d. All of the above.
- 9. The most sensitive test for diagnosis of acute pancreatitis is:**
- a. Serum amylase level.
 - b. Serum lipase level.
 - c. Serum calcium level.
 - d. Amylase creatinine clearance ratio.
 - e. Urinary amylase level.
- 10. As regards Surgical drainage of pseudo pancreatic cyst all are correct except:**
- a. Indicated in all cases.
 - b. Indicated in infection.
 - c. Indicated if the cyst >6cm or persistent >6weeks.
 - d. Done by cystojejunostomy or more common cystogastrostomy.
- 11. What is not true of pancreatic pseudocyst:**
- a. Presents in epigastrium as a fixed swelling.
 - b. Mimics aneurysm of aorta if very tense.
 - c. Pseudocysts less than 6 cm invariably have spontaneous resolution.
 - d. All are true.
- 12. Presentations of Zollinger Ellison syndrome include the following except:**
- a. Peptic ulcer resistant for treatment and recurrent after treatment.
 - b. Peptic ulcer in ectopic sites.
 - c. Peptic ulcer complicated by bleeding and perforation in short time.
 - d. constipation
- 13. The most important investigation for the extent of cancer pancreas is:**
- a. ERCP.
 - b. US.
 - c. CT.
 - d. Barium meal.
- 14. As regard treatment of cancer pancreas:**
- a. Whipple's operation for operable cases.
 - b. Triple anastomosis for inoperable cases.
 - c. Endoscopic stenting in patients unfit for surgery.
 - d. All of the above.

Self-Assessment

15. Carcinoma of the pancreas:

- a. Has a peak incidence in young age.
- b. Had a good prognosis
- c. Commonly presents with anorexia
- d. Is more common in smokers

16. Concerning pancreatic pseudocysts, the following statements are correct except that :

- a. Trauma is the most common cause.
- b. They often present as midline pulsating swellings.
- c. They may resolve spontaneously.
- d. Ultrasound is helpful in establishing the diagnosis.
- e. The best surgical treatment is by cystgastrostomy or cystjejunostomy.

Volume-I MCQ

Pancreas

1. Answer: b.
2. Answer: c.
3. Answer: a.
4. Answer: b.
5. Answer: a.
6. Answer: d.
7. Answer: b.
8. Answer: d.
9. Answer: B
10. Answer: a.
11. Answer: d.
12. Answer: d.
13. Answer: c.
14. Answer: d.
15. Answer: c.
16. Answer: A

Self-Assessment

Appendix

- 1. Acute appendicitis in old age is suggestive of:**
 - a. TB.
 - b. Cancer colon.
 - c. Crohn's disease.
 - d. Ulcerative colitis.
- 2. Most common precipitating factor of acute appendicitis is:**
 - a. Spreading infection.
 - b. Obstruction.
 - c. Blood borne infection.
 - d. TB.
- 3. Acute appendicitis is more dangerous than acute cholecystitis because:**
 - a. Wall of gall bladder is stretchable.
 - b. Gall bladder has dual blood supply.
 - c. Obstruction of gall bladder usually resolves on treatment.
 - d. All of the above.
- 4. Localization doesn't occur in following patients with appendicitis:**
 - a. In children.
 - b. In pregnancy.
 - c. In old age.
 - d. In immunocompromized patients, e.g. diabetics.
 - e. All of the above
- 5. The following findings suggest appendicular mass formation:**
 - a. History of pain 3 days ago.
 - b. Temperature 39° C.
 - c. Examination under anesthesia may be needed.
 - d. All of the above.
- 6. Common postoperative complication of appendicectomy is:**
 - a. Hemorrhage
 - b. Incisional hernia
 - c. Pyleophlebitis
 - d. Paralytic ileus
- 7. Most common late complication of appendectomy is:**
 - a. Right inguinal hernia
 - b. Adhesive intestinal obstruction
 - c. Faecal fistula
 - d. None of the above

Volume-I MCQ

- 8. Ochsner Sherren regimen for appendicullar mass should be terminated in presence of:**
- a. Rising pulse rate
 - b. Profuse constant gastric aspirate
 - c. Generalized abdominal pain
 - d. Increase in size of the mass
 - e. All of the above
- 9. Carcinoid of appendix usually discovered by:**
- a. Carcinoid syndrome.
 - b. Right iliac fossa mass.
 - c. Left supraclavicular LN.
 - d. Routine postoperative histopathology examination.
- 10. Carcinoid of appendix 1cm size is best treated by:**
- a. Follow up.
 - b. Radiotherapy.
 - c. Appendicectomy.
 - d. Right hemicolectomy.
- 11. Carcinoid of appendix of 2cm size is best treated by:**
- a. Follow up.
 - b. Radiotherapy.
 - c. Appendicectomy.
 - d. Right hemicolectomy.
- 12. The untrue statement about Meckel's diverticulum is that it :**
- a. Is derived from the vitello-intestinal duct.
 - b. Lies anywhere above the ileocaecal valve.
 - c. Contains all coats of the bowel wall.
 - d. May contain islets of heterotopic gastric epithelium.
 - e. Should be left alone if causing no symptoms.
- 13. The syndrome of bouts of mottled cyanosis, heart disease, bronchospasm, fluctuating blood pressure and diarrhea is characteristic of :**
- a. Thyroid crisis.
 - b. Carotid body tumor.
 - c. Islet-cell tumor of the pancreas.
 - d. Carcinoid tumor.
 - e. Pheochromyocytoma.

Self-Assessment

14. Concerning acute appendicitis, the following statements are true except that it :

- a. Presents with pain in the right iliac fossa as the first symptom
- b. Is always associated with loss of appetite.
- c. Is usually associated with constipation.
- d. May cause psoas spasm.
- e. May produce hematuria or pyuria.

15. The signs of uncomplicated acute appendicitis include the following except:

- a. Acute tenderness at MC Burney's point.
- b. Rigidity or guarding in the right iliac fossa.
- c. Positive Rovsing's sign.
- d. Hyperaesthesia over Sherren's triangle.
- e. Shifting tenderness.

16. The symptoms of non-obstructive acute appendicitis include the following except:

- a. Epigastric or paraumbilical pain.
- b. Pain in the right iliac fossa.
- c. Anorexia and nausea.
- d. High fever.
- e. Constipation.

17. Appendectomy is contra-indicated in patients with:

- a. Uncomplicated acute appendicitis.
- b. Chronic appendicitis.
- c. Appendix peritonitis.
- d. Appendicular mass.
- e. Carcinoid tumor of the appendix.

Volume-I MCQ

Appendix

1. Answer: b.
2. Answer: b.
3. Answer: d.
4. Answer: e.
5. Answer: d.
6. Answer: d.
7. Answer: b.
8. Answer: e.
9. Answer: d.
10. Answer: c.
11. Answer: d.
12. Answer: B.
13. Answer: D.
14. Answer: A.
15. Answer: E.
16. Answer: D.
17. Answer: D.

Self-Assessment

Gall bladder

1. **Kasai operation is for treatment of:**
 - a- Intrahepatic biliary atresia
 - b- Extrahepatic biliary atresia
 - c- Caroli's disease
 - d- Choledochal cyst
2. **The most accurate investigation to diagnose cholecystitis is:**
 - a- CT scan
 - b- IV cholangiography
 - c- HIDA scan
 - d- US
 - e- MRI
3. **The best of the following investigations of gall stones is :**
 - a- Oral cholangiography
 - b- US
 - c- Plain X-ray
 - d- ERCP
4. **With intraoperative T-tube cholangiography incidence of missed stones is:**
 - a- 0%
 - b- 5%
 - c- 20%
 - d- 30%
5. **Without intraoperative T-tube cholangiography incidence of missed stone is:**
 - a- 10-20%
 - b- 40-50%
 - c- 70%
 - d- 80%
6. **Which percentage of gall stones is radio-opaque:**
 - a- 10%
 - b- 40%
 - c- 70%
 - d- 90%
7. **The commonest presentation of gall stones is:**
 - a- Asymptomatic
 - b- Biliary colic
 - c- Charcot's triad
 - d- Jaundice

Volume-I MCQ

8. **The best treatment of asymptomatic gall stone in diabetics is:**
a- Prophylactic cholecystectomy
b- ESWL
c- Follow up
d- None of the above
9. **Which of the following statement(s) about gallstone ileus is/are not true?**
a- The condition is seen most frequently in women older than 70.
b- Concomitant with the bowel obstruction, air is seen in the biliary tree.
c- The usual fistula underlying the problem is between the gallbladder and the ileum.
d- When possible, relief of small bowel obstruction should be accompanied by definitive repair of the fistula since there is a significant incidence of recurrence if the fistula is left in place.
e- Ultrasound studies may be of help in identifying a gallstone as the obstructing agent.
10. **Gas in the biliary system on a plain X-ray is diagnostic of**
a. Choledochoduodenal fistula
b. Intestinal obstruction
c. Emphysematous Cholecystitis
d. Viral hepatitis
e. A and C
11. **Characters of pain in acute cholangitis are the following except:**
a- Starts as colicky pain
b- Becomes dull aching with time
c- Throbbing pain means empyema formation
d- Referred to groin and inner side of thigh
12. **As regards empyema of gall bladder all are correct except:**
a- Is a complication of gall stones
b- Leads to gall bladder mass
c- Is an indication for cholecystectomy
d- Should be treated by cholecystostomy
13. **Which statement about acute non calcular cholecystitis is correct?**
a- The disease is often accompanied by or associated with other conditions.
b- The diagnosis is often difficult.
c- The mortality rate is higher than that for acute calculous cholecystitis.
d- The disease has been treated successfully by percutaneous cholecystostomy.
e- All of the above

Self-Assessment

- 14. Which of the following statements about cholangitis is incorrect:**
- a- Charcot's triad is always present.
 - b- Associated biliary tract disease is always present.
 - c- Chills and fever are due to the presence of bacteria in the bile duct system.
 - d- The most common cause of cholangitis is choledocholithiasis.
- 15. T-tube should be removed:**
- a- Once cholangiography is done to avoid fibrosis
 - b- After 4 days of operation if there is no missed stone
 - c- After at least 10 days of operation whatever the result of cholangiography
 - d- None of the above
- 16. As regards treatment of acute cholecystitis all correct except:**
- a- Cholecystectomy is the best treatment in early cases
 - b- Morphine is given to decrease pain of anxiety of patient
 - c- Modified Fowler's position is preferred
 - d- Failure of conservative treatment indicates cholecystostomy
- 17. Saint's triad includes all the following except:**
- a- Achalasia
 - b- Hiatus hernia
 - c- Chronic calcular cholecystitis
 - d- Diverticular disease of the colon
- 18. Which of the following lesions are believed to be associated with the development of carcinoma of the gallbladder?**
- a- Cholecystoenteric fistula.
 - b- A calcified gallbladder.
 - c- Adenoma of the gallbladder.
 - d- Xanthogranulomatous cholecystitis.
 - e- All of the above.
- 19. The preferred treatment for carcinoma of the gallbladder is:**
- a- Radical resection that includes gallbladder in continuity with the right hepatic lobe and regional lymph node dissection.
 - b- Radiation therapy.
 - c- Chemotherapy.
 - d- Combined treatment involving surgical therapy, chemotherapy, and radiation.
 - e- Palliative treatment
- 20. Which of the following is true about postcholecystectomy syndrome:**
- a- Postoperative stricture is the most common cause of the syndrome
 - b- Dyskinesia may be the cause
 - c- ERCP is the investigation of choice
 - d- Usually resolves on medical treatment
 - e- All of the above

Volume-I MCQ

Gall bladder

1. Answer: b
2. Answer: c
3. Answer: b
4. Answer: e
5. Answer: a
6. Answer: a
7. Answer: a
8. Answer: c
9. Answer: c
10. Answer: e
11. Answer: d
12. Answer: c
13. Answer: e
14. Answer: a
15. Answer: c
16. Answer: b
17. Answer: a
18. Answer: e
19. Answer: e
20. Answer: e

Self-Assessment

Liver

- 1. Indications of alpha fetoprotein measuring include:**
 - a. Sudden deterioration of hepatic patient.
 - b. Focal lesion by abdominal US.
 - c. Follow up after surgical removal of tumor.
 - d. All of the above.
- 2. Mortality from rupture liver is about:**
 - a. 5%.
 - b. 20%.
 - c. 40%.
 - d. 50%.
- 3. Treatment of traumatic injury to the liver includes all except:**
 - a. Resection debridement of devitalized tissues
 - b. Ligation of exposed blood vessels and bile ducts
 - c. Packing with gauze.
 - d. Pringle's maneuver
 - e. Partial hepatectomy
- 4. The following is not a common complication(s) of hydatidosis:**
 - a. Anaphylactic shock.
 - b. Obstructive jaundice.
 - c. Malignant transformation of surrounding tissue.
 - d. Multi-system spread.
- 5. The most common presentation of hydatidosis is:**
 - a. Asymptomatic.
 - b. Obstructive jaundice.
 - c. Anaphylactic shock.
 - d. Cough and haemoptysis.
- 6. As regard treatment of hydatidosis the best is:**
 - a. Follow up.
 - b. Enucleation.
 - c. Removal en block.
 - d. Segmentectomy.
- 7. High fever in amoebic hepatitis indicates:**
 - a. Amoebic liver abscess.
 - b. Systemic spread.
 - c. Secondary infection in amoebic liver abscess.
 - d. All of the above.

Volume-I MCQ

- 8. The most common type of bilharzial periportal fibrosis is:**
- a. Fine.
 - b. Coarse.
 - c. Mixed.
- 9. Stage III of hepatic bilharziasis means:**
- a. Hepatomegaly.
 - b. Hepatosplenomegaly.
 - c. Splenomegaly with shrunken liver.
 - d. None of the above.
- 10. The most common complication of hepatic hydatid disease is:**
- a. Jaundice
 - b. Rupture into peritoneal cavity
 - c. Suppuration
 - d. Rupture into biliary channel
- 11. Rupture of amoebic liver abscess occurs most often into:**
- e. Peritoneal cavity
 - f. Pleural cavity
 - g. Pericardial cavity
 - h. Duodenum
 - i. Colon
- 12. Paramalignant syndrome may present by the following except:**
- a. Polycythaemia.
 - b. Fever of unknown etiology.
 - c. Hypocalcaemia.
 - d. Hypertension and diabetes.
 - e. Haemoptysis.
- 13. Angiography for detection of hepatoma should be done through:**
- a. Portal vein.
 - b. Hepatic artery.
 - c. Retrograde through hepatic veins.
 - d. Any of the above.
- 14. Most common predisposing factor for hepatoma is:**
- a. Hepatitis B.
 - b. Hepatitis C.
 - c. Chronic irritation.
 - d. Portal hypertension.
- 15. Tumor marker in fibrolamellar hepatoma is:**
- a. Alpha feto-protein.
 - b. Carcino-embryonic Ag.
 - c. CA₁₉₋₉.
 - d. Carboxyprothrombin.
 - e. None of the above.

Self-Assessment

16. Which of the following statement(s) is/are true about benign lesions of the liver:

- a. Adenomas are true neoplasms with a predisposition for complications and should usually be resected.
- b. Focal nodular hyperplasia (FNH) is a neoplasm related to oral contraceptive pills and usually requires resection.
- c. Hemangiomas are the most common benign lesions of the liver that come to the surgeon's attention.
- d. Nodular regenerative hyperplasia does not usually accompany cirrhosis.

17. Hemangioma is ultrasound is:

- a. Isoechoic
- b. Hypoechoic
- c. Hyperechoic
- d. Any of the above

18. Rupture of an amoebic liver abscess occurs most often into the:

- a. Peritoneal cavity.
- b. Pleural cavity.
- c. Pericardial cavity.
- d. Duodenum.
- e. Colon.

19. The most common malignant tumors of the liver are:

- a. Hepatomas.
- b. Cholangiomas.
- c. Angiosarcomas.
- d. Metastatic deposits.
- e. Lymphomas.

20. The most appropriate treatment for amoebic liver abscess is by:

- a. Emetine hydrochloride.
- b. Metronidazole.
- c. Aspiration.
- d. Open drainage.
- e. Excision.

Volume-I MCQ

Liver

1. Answer: d.
2. Answer: b.
3. Answer: c.
4. Answer: c.
5. Answer: a.
6. Answer: b.
7. Answer: c.
8. Answer: c.
9. Answer: c.
10. Answer: d
11. Answer: b
12. Answer: c.
13. Answer: b.
14. Answer: c.
15. Answer: d.
16. Answer: A
17. Answer: C
18. Answer: B
19. Answer: D
20. Answer: B

Self-Assessment

Portal hypertension

1. **Normal portal venous pressure is:**
 - a. 5-7 mmHg.
 - b. 8-12 mmHg.
 - c. 10-15 mmHg.
 - d. 15-20 mmHg.
2. **Which of the following treatments most effectively preserves hepatic portal perfusion?**
 - a. Distal splenorenal shunt.
 - b. Conventional splenorenal shunt.
 - c. Endoscopic sclerotherapy.
 - d. Side-to-side portacaval shunt.
3. **Which of the following complications of portal hypertension often require surgical intervention (for more than 25% of patients)?**
 - a. Hypersplenism.
 - b. Variceal hemorrhage.
 - c. Ascites.
 - d. Encephalopathy.
4. **A serum bilirubin of 2-3 mg% conforms to Child's criteria of chronic liver disease to:**
 - a. Class A.
 - b. Class B.
 - c. Class C.
 - d. All of the above.
5. **The wrong statement about gastro-esophageal bleeding is:**
 - a. Bleeding may often be severe to cause collapse.
 - b. Endoscopic sclerotherapy can arrest bleeding.
 - c. Prophylactic sclerotherapy in GE varices obviates chance of bleeding and prolongs survival.
 - d. Tamponade by sungestaken tube is effective.
6. **Variceal bleeding not responding to drug and sclerotherapy is treated by:**
 - a. Embolisation.
 - b. Surgical ligation.
 - c. TIPSS.
 - d. Liver transplant.
7. **Which of the following procedures is associated with least risk of hepatic encephalopathy:**
 - a. Mesocaval shunt.
 - b. Proximal splenorenal shunt.
 - c. Distal splenorenal shunt (Warren shunt).
 - d. Side to side portocaval shunt.

Volume-I MCQ

8. **A small cirrhotic liver with grossly enlarged caudate lobe demands exclusion of:**
- a. Portal vein thrombosis.
 - b. Budd-Chiari syndrome.
 - c. Hepatoma.
 - d. Primary sclerosing cholangitis.
9. **The most feared complication of Denver shunt is:**
- a. Infection.
 - b. Malfunction.
 - c. DIC.
 - d. Rupture.
10. **An appropriate initial therapy for diagnosed bleeding esophageal varices is:**
- a. IV vasopressin
 - b. Endoscopic sclerotherapy
 - c. Emergency portocaval shunt
 - d. Emergency esophageal transection
 - e. Esophageal balloon tamponade
11. **Regarding portal vein thrombosis, the untrue statement is:**
- a. Occur in patient with thrombocytopenia
 - b. Occurs after severe appendicitis
 - c. Is a cause of mesenteric bowel ischemia
 - d. Cause splenomegaly
 - e. Cause portal hypertension
12. **All are possible complication of umbilical hernia repair in a cirrhotic patient with ascites except:**
- a. Leakage of ascitic fluid
 - b. Necrosis of the abdominal wall
 - c. Variceal bleeding
 - d. Hepatic encephalopathy

Self-Assessment

Portal hypertension

- 1- Answer: b
- 2- Answer: c
- 3- Answer: b
- 4- Answer: b
- 5- Answer: c
- 6- Answer: c
- 7- Answer: c
- 8- Answer: b
- 9- Answer: c
- 10- Answer: b
- 11- Answer: a

Volume-I MCQ

Spleen

- 1. Most useful method for detection of splenic injury is:**
 - a. Diagnostic peritoneal lavage.
 - b. CT.
 - c. Ultrasonography.
 - d. Isotope scan.
 - e. Magnetic resonance imaging (MRI).
- 2. In splenic rupture, all are useful investigation except:**
 - a. Abdominal ultrasound
 - b. Abdominal plain x-ray
 - c. Splenic arteriography
 - d. Complete blood picture
 - e. Splenic scan
- 3. Regarding Splenic rupture all are correct except:**
 - a. May be delayed for up 2 weeks following blunt trauma
 - b. Should be suspected if plain X-ray revealed raised left hemi-diaphragm
 - c. May displace gastric air bubble on plain X-ray
 - d. Produce a negative Kehr's sign
- 4. Which type of organism flare up after splenectomy:**
 - a. Gram +ve bacteria.
 - b. Gram -ve bacteria.
 - c. Capsulated bacteria.
 - d. Viruses.
- 5. As regard lymphoma:**
 - a. Splenic affection in Hodgkin lymphoma is called stage 3s.
 - b. Is more common to cause splenomegaly than lymphocytic leukemia.
 - c. Splenectomy is done for staging.
 - d. Staging laparotomy has been greatly replaced by CT scanning.
 - e. All are true
- 6. Tropical splenomegaly is due to:**
 - a. Bilharziasis.
 - b. Lymphoma.
 - c. Malaria.
 - d. Leshmaniasis.
- 7. ITP:**
 - a. Is most common in men in their 20s.
 - b. Is frequently cured in adults by corticosteroid administration.
 - c. Usually requires splenectomy in children.
 - d. Is most common in the sixth decade of life.
 - e. Is in remission in more than 80% of patients with splenectomy.

Self-Assessment

- 8. A young child having anaemia, and gallstones should be investigated for:**
- a. Cystic fibrosis.
 - b. Congenital spherocytosis.
 - c. Malaria.
 - d. Primary sclerosing cholangitis.
- 9. Appropriate initial treatment of G-6-P deficiency anemia is:**
- a. Total splenectomy
 - b. Partial splenectomy
 - c. Exchange transfusion
 - d. Dietary counseling
- 10. Which of the following shunts others :**
- a. End-to-side portocaval.
 - b. Side-to-side portocaval.
 - c. Central splenorenal.
 - d. Distal splenorenal.
 - e. Mesocaval.
- 11. A 4-year-old boy sustained fracture of the left tenth and eleventh ribs with signs of intraperitoneal hemorrhage. Exploratory laparotomy revealed a laceration of the lower part of the spleen. The best procedure is:**
- a. Total splenectomy.
 - b. Partial splenectomy.
 - c. Repair of the laceration (splenorrhaphy).
 - d. Ligation of the splenic artery.
 - e. Packing the laceration with oxycel and drainage of the splenic bed.

Volume-I MCQ

Spleen

1. Answer: B
2. Answer: E
3. Answer: d
4. Answer: c.
5. Answer: E.
6. Answer: c.
7. Answer: E.
8. Answer: B.
9. Answer: D.
10. Answer: D.
11. Answer: C.

Self-Assessment

SMALL INTESTINE

- 1. As regard Meckel's diverticulum all correct except:**
 - a- It occurs due to persistence of proximal urachus
 - b- It arises from antimesenteric border
 - c- It lies 60 cm (2 feet) from caecum
 - d- It's 2 inches long
- 2. Indications of surgical removal in accidentally discovered Meckel's during laparotomy include the following except:**
 - a- Narrow mouthed
 - b- Adhesions
 - c- Diabetics
 - d- Young age of patient
- 3. 2- Most common complication of Meckel's is:**
 - a- Diverticulitis
 - b- Intestinal obstruction
 - c- Peptic ulceration
 - d- Littre's hernia
- 4. Meckel's diverticulum most commonly presents by:**
 - A. Gastrointestinal bleeding.
 - B. Obstruction.
 - C. Diverticulitis.
 - D. Intermittent abdominal pain.
- 5. The following are radiologic finding in TB enteritis:**
 - a- Sterlin's sign is characteristic of ulcerative type
 - b- Hypertrophic type always show distortion and elevation of caecum
 - c- Hypertrophic type always show narrow ileum
 - d- None of the above
- 6. The common sites of carcinoid tumor in GI tract are all except:**
 - a. Appendix.
 - b. Jejunum.
 - c. Ileum.
 - d. Rectum
- 7. True statements about chronic duodenal ulcers do not! Include that they:**
 - a. Are never malignant.
 - b. Occur equally in both sexes.
 - c. Produce epigastric pain several hours after eating.
 - d. Have a periodic clinical course.
 - e. May heal under medical treatment.

- 8. The cardinal symptoms of uncomplicated duodenal ulcer do not include:-**
- a. Anorexia.
 - b. Localized midepigastria pain.
 - c. Hunger pain.
 - d. Nocturnal pain.
 - e. Periodic remissions and exacerbations.
- 9. Perforated duodenal ulcer is best treated by:**
- a. Gastroduodenal suction and antibiotics.
 - b. Simple closure over an omental patch.
 - c. Truncal vagotomy.
 - d. Super selective vagotomy.
 - e. Partial gastrectomy.
- 10. Among the following statements about Crohn's disease, it is untrue that it :**
- a. Is commonest in the third decade.
 - b. Always involves the terminal ileum.
 - c. Is a segmental granulomatous lesion affecting all coats of the bowel and the related mesentery.
 - d. May be associated with skip areas and anorectal lesions.
 - e. Should be managed medically whenever possible.
- 11. The most frequent complication of regional ileitis is**
- a. Abscess formation.
 - b. Internal fistulae.
 - c. Hemorrhage.
 - d. Perforation.
 - e. Intestinal obstruction.
- 12. The least common site for cancer in the alimentary tract is:**
- a. Pharynx.
 - b. Esophagus.
 - c. Stomach.
 - d. Small bowel.
 - e. Colon and rectum.

Self-Assessment

SMALL INTESTINE

1. Answer: A
2. Answer: C
3. Answer: B
4. Answer: A
5. Answer: D
6. Answer: B
7. Answer: B
8. Answer: A
9. Answer: B
10. Answer: B
11. Answer: B
12. Answer: D

Volume-I MCQ

INTESTINAL OBSTRUCTION

1. **The following are examples of strangulation except:**
 - a. Mesenteric vascular occlusion.
 - b. Volvulus.
 - c. Intussusceptions.
 - d. Meconium ileus.
2. **Common causes of secondary intussusception include the following except:**
 - a. Small intestinal tumor.
 - b. Cancer sigmoid.
 - c. Meckel's diverticulum.
 - d. Henoch shonlein purpra.
3. **The following is/are risk factors for volvulus of pelvic colon except:**
 - a. Old age.
 - b. Chronic constipation.
 - c. Short sigmoid.
 - d. Adhesions.
4. **Conservative treatment is indicated in early uncomplicated in the following cases except:**
 - a. Adhesive I.O.
 - b. Primary intussusception.
 - c. Secondary intussusception.
 - d. Volvulus.
5. **As regard hydrostatic barium reduction of intussusception all are correct except:**
 - a. Should be tried in all cases.
 - b. Successful in about half of cases.
 - c. Success is proved by filling of terminal ileum.
 - d. May be complicated by perforation.
6. **As regards Volvulus neonatorum all are correct except:**
 - a. Never to occur without anomalies.
 - b. Usual presentation is screaming and non bile stained vomiting.
 - c. Bleeding per rectum is common.
 - d. Primary resection is usually incompatible with life.
7. **The most common cause of death in low intestinal obstruction is:**
 - a. Toxemia.
 - b. Dehydration.
 - c. Electrolyte imbalance.
 - d. Generalized peritonitis.

Self-Assessment

8. **Colicky pain is absent in the following types of intestinal obstruction:**
- a. Strangulated hernia.
 - b. Volvulus.
 - c. Paralytic ileus.
 - d. Intussusception.
9. **The following types of intestinal obstruction may present without absolute constipation except:**
- a. Early cases of high I.O.
 - b. Gall stone ileus.
 - c. Mesenteric vascular occlusion.
 - d. Paralytic ileus.
 - e. Richter's hernia.
10. **Signs of strangulated intestinal obstruction include:**
- a. Nasogastric suction does not relieve pain.
 - b. Rebound tenderness.
 - c. Leucocytosis.
 - d. All of the above.
11. **The following are recognized causes of paralytic ileus. The most common is:**
- a. Diabetic ketoacidosis.
 - b. Drugs.
 - c. Peritoneal irritation.
 - d. Postoperative.
 - e. Spinal injury.
12. **As regard meconium ileus:**
- a. Occur during 1st few days of neonatal life.
 - b. Due to inspissated meconium.
 - c. May be associated with cystic fibrosis.
 - d. All of the above.
13. **The most common injured artery in mesenteric vascular occlusion is:**
- a. Celiac artery.
 - b. Gastroduodenal artery.
 - c. Superior mesenteric artery.
 - d. Inferior mesenteric artery.
14. **In children and adolescents, the commonest cause of intestinal obstruction is**
- a. Adhesions
 - b. Intussusception
 - c. Strangulated hernias
 - d. Neoplasm
 - e. Paralytic ileus

Volume-I MCQ

15. Sigmoid volvulus has been associated with each of the following except:

- a. Chronic constipation and laxative abuse.
- b. Chronic rectal prolapse.
- c. Chronic traumatic paralysis.
- d. Medical management of Parkinson's disease.

16. Uncomplicated meconium ileus is best treated by:

- a. Laparotomy and evacuation
- b. Transverse colostomy
- c. N-acetyl cysteine barium enema
- d. Wait and watch

17. Example of third space sequestration is:

- a. Burn
- b. Fracture hematoma
- c. Small bowel obstruction
- d. All of the above

18. A 20-year-old man swallowed two open safety pins. X-rays show pins in the small intestine, the most appropriate management at this point is:

- a. IV antibiotics
- b. 250 ml magnesium citrate orally
- c. Immediate surgery
- d. Serial abdominal exam & x-rays if required

19. In generalized peritonitis, the symptomatology does not include:

- a. Fever and tachycardia.
- b. Severe colicky abdominal pain.
- c. Diffuse tenderness and rigidity.
- d. Silent abdomen on auscultation.
- e. Shifting dullness.

20. In acute intestinal obstruction, it is untrue that :

- a. Abdomen should always be examined for laparotomy scars and external hernias.
- b. Signs of peritonitis indicate strangulation.
- c. The serum amylase is often raised.
- d. A rectal examination is essential.
- e. Plain X-ray examination is not helpful in the diagnosis.

21. In intestinal strangulation, it is untrue that it

- a. Is difficult to differentiate from simple occlusion.
- b. May complicate closed-loop obstruction.
- c. Causes bleeding into the affected bowel.
- d. Frequently causes peritonitis.
- e. Requires urgent laparotomy.

Self-Assessment

- 22. In children and adolescents, the commonest cause of intestinal obstruction is :**
- a. Bands and adhesions.
 - b. Intussusception.
 - c. Strangulated hernia.
 - d. Neoplasm.
 - e. Benign stricture.
- 23. The commonest cause of pyloric obstruction in adults is:**
- a. Prepyloric gastric ulcer.
 - b. Benign gastric tumor.
 - c. Carcinoma of the stomach.
 - d. Hypertrophic pyloric stenosis.
 - e. Chronic duodenal ulcer.
- 24. Chronic pyloric obstruction produces all of the following except:**
- a. Alkalosis.
 - b. Hypokalemia.
 - c. Hypochloremia.
 - d. Alkaline urine.
 - e. Dehydration.
- 25. A 40-year-old female presented with colicky abdominal pain, vomiting and constipation of 48 hours duration. She gave a history of previous laparotomy and examination revealed abdominal distension with loud bowel sounds. The most probable diagnosis is :**
- a. Adhesive intestinal obstruction.
 - b. Gall-stone ileus.
 - c. Internal hernia.
 - d. Paralytic ileus.
 - e. Mesenteric vascular occlusion.
- 26. Concerning infantile intussusception the following statements are true except that it:**
- a. Usually occurs during the first year of life.
 - b. Causes recurrent attacks of severe colicky abdominal pain.
 - c. Is characterized by the passage of "red-currant jelly" stool.
 - d. Can be diagnosed without radiological examination.
 - e. Always requires urgent operation.

Volume-I MCQ

INTESTINAL OBSTRUCTION

1. Answer: d.
2. Answer: b.
3. Answer: c.
4. Answer: c.
5. Answer: a.
6. Answer: b.
7. Answer: a.
8. Answer: c.
9. Answer: d.
10. Answer: d.
11. Answer: d.
12. Answer: d.
13. Answer: c.
14. Answer: c.
15. Answer: B
16. Answer: C
17. Answer: D
18. Answer: D
19. Answer: B
20. Answer: E
21. Answer: A
22. Answer: C
23. Answer: E
24. Answer: D
25. Answer: A
26. Answer: E

Self-Assessment

Large intestine

- 1. As regard treatment of congenital megacolon:**
 - a- Mild cases should be prepared for elective surgery
 - b- Emergency cases need urgent decompression for fear of Obstructive enterocolitis.
 - c- Duhamel's operation preserves stretch receptors and rectal capacity
 - d- All are true
- 2. Bleeding per rectum is recognized feature in all except:**
 - a- Cancer colon
 - b- Hirschsprung disease
 - c- Ulcerative colitis
 - d- Diverticular disease
 - e- Internal piles
- 3. Complications of congenital megacolon include the following except:**
 - a- Failure to thrive
 - b- Bad chest
 - c- Cancer colon
 - d- Obstructive enterocolitis.
- 4. Hirschsprung disease may presents by the following except:**
 - a- No meconium for 24 hours
 - b- Persistent non-bile stained vomiting since birth
 - c- Chronic constipation relieved only by glycerine suppositories or mother finger
 - d- Acute intestinal obstruction
- 5. The commonest cause of acquired megacolon is :**
 - a- Bad bowel habits
 - b- Anal fissure
 - c- Ameobiasis
 - d- Bilharziasis
- 6. The usual presentation of uncomplicated diverticulosis is:**
 - a- Asymptomatic
 - b- Dull aching right iliac fossa pain
 - c- Fever and throbbing pain
 - d- Bleeding per rectum
- 7. The best investigation of diverticular disease is:**
 - a- Endoscopy
 - b- Barium enema
 - c- Angiography
 - d- Abdominal US

Volume-I MCQ

- 8. Which of the following is not true of diverticular disease:**
- a- It is more common in the United States and Western Europe than in Asia and Africa.
 - b- A low-fiber diet may predispose to development of diverticulosis.
 - c- It involves sigmoid colon in more than 90% of patients.
 - d- Sixty percent develop diverticulitis sometime during their lifetime.
 - e- It is the most common cause of massive lower gastrointestinal hemorrhage.
- 9. Which of the following statements regarding the risk of cancer in the context of ulcerative colitis is/are correct?**
- a- After 10 years of active disease, the risk of cancer approximates 20% to 30%
 - b- After 10 years of active disease, the risk of cancer approximates 2% to 3%
 - c- The risk of colon cancer in ulcerative colitis is identical to controls
 - d- After 20 years of disease activity, the risk of colon cancer approximates 80%
- 10. Pseudopolyps in ulcerative colitis:**
- a- Is highly precancerous
 - b- Is an indication for total proctoclectomy
 - c- Consists of edematous mucosa surrounded by ulcers
 - d- All of the above
- 11. Barium enema findings suggestive of UC are all Except:**
- a- Loss of haustrations.
 - b- Granular mucosa.
 - c- Saw tooth appearance.
 - d- Pseudopolyps.
- 12. As regard crohn's disease All are correct except:**
- a- Associated with gall stones in many cases
 - b- Most acceptable etiological theory is autoimmune
 - c- Is has a transmural affection
 - d- It does not increase incidence of colonic carcinoma
- 13. Which of the following statement(s) about complete rectal prolapse is/are true:**
- a- Rectal prolapse results from intussusception of the rectum and rectosigmoid.
 - b- The disorder is more common in men than in women.
 - c- Continence nearly always is recovered after correction of the prolapse.
 - d- All of the above are true.
- 14. Gardner's syndrome includes all the following except:**
- a- Familial polyposis coli
 - b- Osteoma of the mandible
 - c- Desmoid tumors
 - d- Hyperparathyroidism
 - e- Subcutaneous cysts

Self-Assessment

15. The following inherited disorder is autosomal recessive:

- a- Peutz-jeger's syndrome
- b- Familial polyposis coli
- c- Turcot's syndrome
- d- Gardner syndrome

16. The most common site for cancer colon is:

- a- Caecum
- b- Ascending colon
- c- Transverse colon
- d- Descending colon
- e- Sigmoid and rectum

17. Duke's classification:

- a- Helps to decide operability of the case
- b- Duke's B means tumor limited to colon
- c- Duke's C means nodal involvement
- d- It is a clinico-pathological classification

18. What has been found to be an acceptable screening technique for detecting recurrent colon cancer:

- e- Screening sigmoidoscopy.
- a- Screening the stool for occult blood.
- b- Stool cytology.
- c- Measurement of carcinoembryonic antigen (CEA) levels.
- d- Colonoscopy.

19. True statements regarding intestinal carcinoma that arises following ulcerative colitis include the following except:

- a- It is more malignant than the carcinoma that occurs in otherwise normal adults.
- b- The incidence of carcinoma increases with the duration of active ulcerative colitis.
- c- The carcinoma occurs only in the rectum.
- d- The carcinoma is frequently multicentric.

20. Which of the following is a precancerous state in the large bowel:

- a- Diverticular disease
- b- Bilharzial Colitis
- c- Peutz-Jegher's syndrome
- d- Gardner's syndrome

21. Peutz-Jegher syndrome can present by the followings:

- a- Bleeding per rectum
- b- Colics and vomiting
- c- Anemia of unknown etiology
- d- Oral pigmentation
- e- Any of the above

Volume-I MCQ

- 22. Correct statements about Hirschsprung's disease include the following except that it**
- a. Is due to congenital absence of ganglion cells from the rectum and part of the colon.
 - b. Presents with constipation since birth.
 - c. Is characterized by a tight empty rectum on rectal examination.
 - d. Rarely needs rectal biopsy for definitive diagnosis.
 - e. Always requires surgical treatment.
- 23. Sigmoid volvulus is characterized by the following features except:**
- a. Occurring typically in elderly men.
 - b. Acute onset of severe cramping abdominal pain.
 - c. Absence of abdominal distension.
 - d. Absolute constipation with distressing tenesmus.
 - e. Characteristic signs in the barium enema.
- 24. The following statements about diverticular disease of the colon are true except that it :**
- a. Increases in incidence with advancing age.
 - b. Does not involve the rectum.
 - c. Is essentially due to a high-residue diet.
 - d. May be asymptomatic.
 - e. May cause massive rectal bleeding.
- 25. Which statement among the following is untrue about cancer of right colon ?**
- a. Is commonest in the caecum.
 - b. Rarely presents with intestinal obstruction.
 - c. May present with anemia of obscure origin.
 - d. Is rarely palpable on abdominal examination.
 - e. Is best treated by extended right colectomy.
- 26. Carcinoma of the left colon differs from that of the right colon in the following except that it :**
- a. Is usually a stenosing scirrhous lesion.
 - b. Frequently presents with intestinal obstruction.
 - c. Rarely causes diarrhea.
 - d. Is usually impalpable on abdominal examination.
 - e. Carries a better prognosis after radical resection.
- 27. The following statements about partial rectal prolapse are true except that it :**
- a. Consists of a double layer of mucous membrane.
 - b. Is commonest in elderly people.
 - c. Is often associated with poor sphincter tone.
 - d. Is rarely associated with hemorrhoids.
 - e. Is best treated by ligature-excision of prolapsing mucosa.

Self-Assessment

- 28. An elderly male with history of habitual constipation presented because of progressive abdominal distension with diarrhea and tenesmus. He should be suspected to suffer from:**
- a. Carcinoma of the rectum.
 - b. None-specific ulcerative colitis.
 - c. Amoebic colitis.
 - d. Crohn's disease.
 - e. Proctocolitis.
- 29. The best screening investigation for cancer of the colon in the general population is:**
- a. Abdominal ultrasound.
 - b. Barium enema.
 - c. Stool occult blood test.
 - d. Carcinoembryonic antigen (CEA) assay.
 - e. Colonoscopy.

Volume-I MCQ

Large intestine

1. Answer: D
2. Answer: B
3. Answer: C
4. Answer: B
5. Answer: A
6. Answer: A
7. Answer: B
8. Answer: D
9. Answer: B
10. Answer: D
11. Answer: C
12. Answer: D
13. Answer: A
14. Answer: D
15. Answer: C
16. Answer: E
17. Answer: C
18. Answer: D
19. Answer: C
20. Answer: D
21. Answer: E
22. Answer: D
23. Answer: C
24. Answer: C
25. Answer: D
26. Answer: C
27. Answer: D
28. Answer: A
29. Answer: C

Self-Assessment

ANAL CANAL

- 1. All of the following are high anal anomalies except:**
 - a. Rectal atresia.
 - b. Anorctal agenesis.
 - c. Ectopic anus.
 - d. Persistent cloaca.

- 2. Most common cause of death in imperforate anus is:**
 - a. Toxemia.
 - b. Peritonitis.
 - c. Electrolyte imbalance.
 - d. Associated anomalies.

- 3. Invertogram should be done:**
 - a. 6 hours after birth.
 - b. 12 hours after birth.
 - c. 24 hours after birth.
 - d. 48 hours after birth.

- 4. Possible sites for pilonidal sinus include the following except:**
 - a. Anal cleft.
 - b. Axilla.
 - c. Umbilicus.
 - d. None of the above.

- 5. The following findings are present in chronic fissure except:**
 - a. Sentinel piles.
 - b. Anal papillae.
 - c. Severe pain.
 - d. Induration.

- 6. Multiple anal fissures are suggestive of:**
 - a. Anal carcinoma.
 - b. Crohn's disease.
 - c. T.B.
 - d. Ulcerative colitis.
 - e. Any of the above.

- 7. Lateral sphincterotomy:**
 - a. Is better than posterior sphincterotomy.
 - b. Is usually curative.
 - c. Must be combined with fissurectomy in chronic fissures.
 - d. All of the above..

8. Causes of perianal pain include the following except:

- a. Fissure.
- b. Anal carcinoma.
- c. Perianal abscess.
- d. Piles.
- e. Proctalgia fugax.

9. Regarding treatment of piles all are true except:

- a. 1st degree → life style change.
- b. 2nd degree → haemorrhoidectomy.
- c. 3rd and 4th degree → haemorrhoidectomy.
- d. Abscess → drainage and antibiotics.

10. Usually piles are present at:

- a. 1, 5, and 9 o'clock positions.
- b. 3, 7 and 11 o'clock positions.
- c. 3 and 9 o'clock positions.
- d. None of the above.

11. The most common complication after hemorrhoidectomy is:

- a. Urinary retention
- b. Rectal bleeding
- c. Incontinence
- d. Wound infection

12. The following disease(s) can result in secondary hemorrhoids:

- a. Cancer rectum.
- b. Acquired megacolon.
- c. Benign prostatic hyperplasia.
- d. All of the above.

13. Prolapsing piles that reduces spontaneously at the end of the act is of which degree:

- a. 1st.
- b. 2nd.
- c. 3rd.
- d. 4th.

14. The most common form of anorectal abscess is:

- a. Perianal
- b. Ischiorectal
- c. Submucous
- d. Pelvirectal

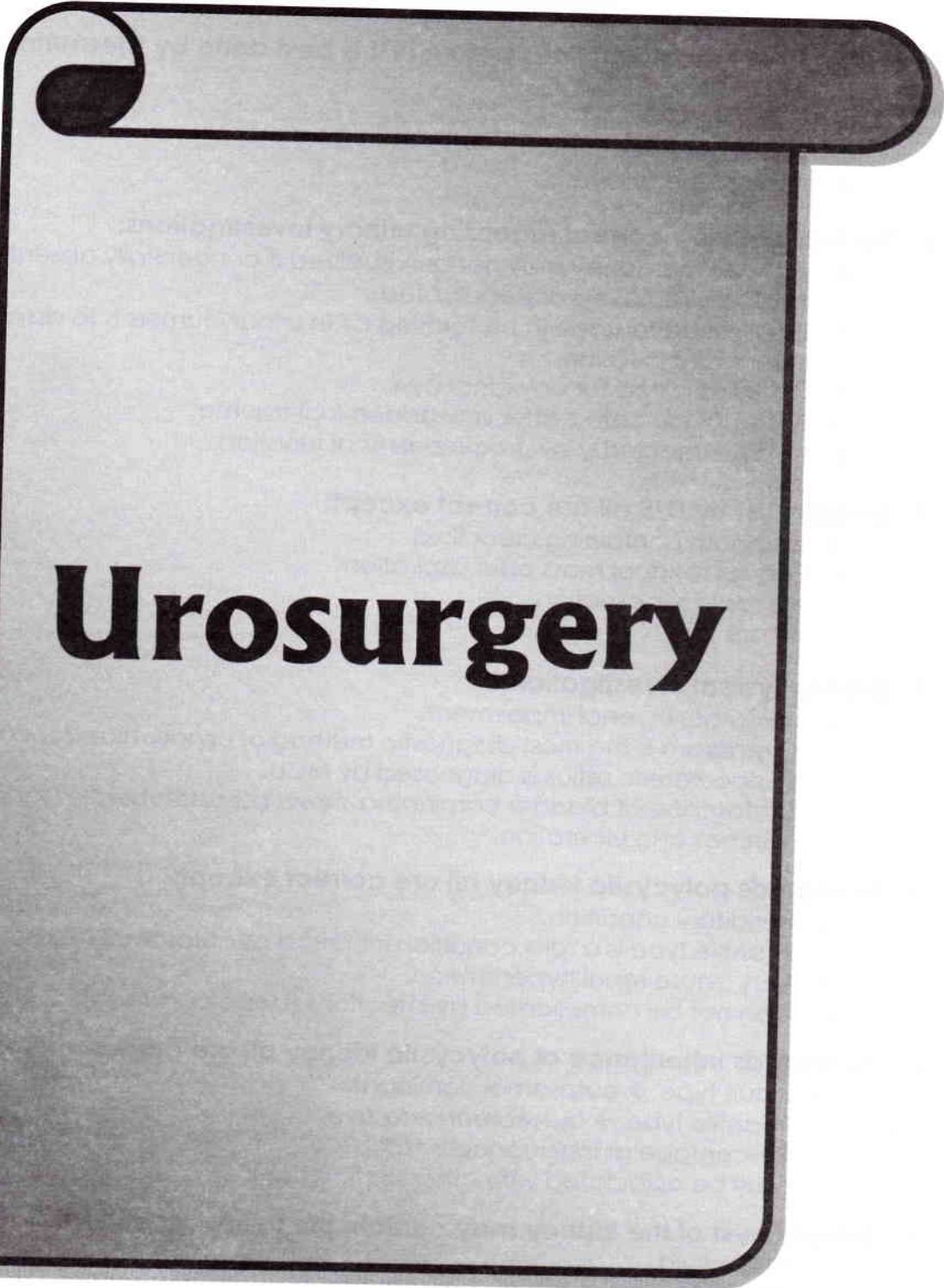
Self-Assessment

- 15. An elderly male with history of habitual constipation presented because of progressive abdominal distension with diarrhea and tenesmus. He should be suspected to suffer from:**
- a. Carcinoma of the rectum
 - b. None-specific ulcerative colitis
 - c. Amoebic colitis
 - d. Crohn's disease
 - e. Proctocolitis
- 16. Which statement is untrue concerning pilonidal sinus:**
- a. Is a skin-lined track over the sacrococcygeal joint.
 - b. Often contains a tuft of hair.
 - c. Frequently presents by suppuration.
 - d. Is particularly common in dark hairy people.
 - e. Is easily treated by simple excision.
- 17. The complications of chronic anal fissure include the following except:**
- a. Formation of "sentinal pile".
 - b. Dorsal abscess.
 - c. Anal fistula.
 - d. Anal contracture.
 - e. Malignant transformation.
- 18. Concerning internal piles, the following statements are correct except that they:**
- a. Are due to varicosity of the internal hemorrhoidal plexus.
 - b. May consist of mother or daughter piles.
 - c. Present clinically by bleeding and prolapse.
 - d. Are usually associated with severe pain.
 - e. May resolve under conservative treatment in the early stages.
- 19. Which of the following statements about anorectal fistulas is untrue?**
- a. Commonly result from failure of healing of anorectal abscess.
 - b. Rarely originate in an anal crypt.
 - c. Are classified according to relation of track to sphincteric musculature.
 - d. Have curved tracks when arising in the posterior midline of anal canal.
 - e. May be associated with Crohn's disease or non-specific ulcerative colitis.

Volume-I MCQ

ANAL CANAL

1. Answer: c.
2. Answer: d.
3. Answer: c.
4. Answer: d.
5. Answer: c.
6. Answer: e.
7. Answer: d.
8. Answer: d.
9. Answer: b.
10. Answer: b.
11. Answer: a
12. Answer: d.
13. Answer: b.
14. Answer: a
15. Answer: a
16. Answer: E
17. Answer: E
18. Answer: D
19. Answer: B



Urosurgery

Volume-I MCQ

URO-SURGERY

- 1. Evaluation of renal functions before IVU is best done by measuring:**
 - a. Urine specific gravity.
 - b. Urea level.
 - c. Creatinine level.
 - d. None of the above.
- 2. The following is incorrect regarding urinary investigations:**
 - a. With IVP the kidney may not be visualized if congenitally absent, surgically removed or depulped.
 - b. The best advantage in performing CT in urinary tumors is to assess exact extent and invasion.
 - c. U/S is indicated for any renal cyst.
 - d. IVP is not indicated after any abdominal trauma.
 - e. Isotope imaging show fractional renal function.
- 3. Benign cyst by U/S all are correct except:**
 - a. Is smooth containing clear fluid.
 - b. Leaves residual mass after aspiration.
 - c. No rapid recollection.
 - d. All are true.
- 4. Urinary system investigations:**
 - a. IVP is safe in renal impairment.
 - b. Cystogram is the most diagnostic method of urinary bladder carcinoma.
 - c. Vesicoureteric reflux is diagnosed by MCU.
 - d. Cystoscope of bladder carcinoma shows pseudotubercle, sandy patches and ulceration.
- 5. As regards polycystic kidney all are correct except:**
 - a. Hereditary condition.
 - b. Infantile type is a rare condition inherited as autosomal recessive.
 - c. May cause renal hypertension.
 - d. Can not be complicated by infections (sterile condition).
- 6. As regards Inheritance of polycystic kidney all are correct except:**
 - a. Adult type → autosomal dominant.
 - b. Infantile type → autosomal recessive.
 - c. Percentage of inheritance is 10%.
 - d. May be associated with other cystic changes.
- 7. Solitary cyst of the kidney may contain the following except:**
 - a. Clear fluid.
 - b. Cholesterol crystals.
 - c. May contain altered blood.
 - d. Pyogenic material if infected.

Self-Assessment

- 8. As regards ectopia vesica all are correct except:**
- a. It is more common in females.
 - b. It may lead to cancer bladder.
 - c. Usually present with ambiguous genitalia (undefined sex).
 - d. Always complicated by recurrent UTI.
- 9. Congenital bladder diverticulum differs from acquired one in the following except:**
- a. Congenital is a true diverticulum.
 - b. Acquired is always solitary.
 - c. Congenital may be a part of anomalous urachus.
 - d. Acquired is always symptomatic.
- 10. Double ureter may present with:**
- a. Recurrent UTI in non diabetic patient.
 - b. Recurrent stone formation especially triple phosphate.
 - c. May be asymptomatic.
 - d. All of the above.
- 11. Ectopia vesica is common to be associated with all the following anomalies except:**
- a. Spina bifida.
 - b. Rudimentary penis.
 - c. Congenital heart disease.
 - d. Cleft palate.
- 12. In ectopia vesica:**
- a. Absent anterior abdominal wall.
 - b. Absent anterior bladder wall.
 - c. Associated late rupture of cloacal membrane.
 - d. All of the above.
- 13. About urinary bladder diverticulæ all are true except:**
- a. May be congenital or acquired.
 - b. May be complicated by infection, hydronephrosis or even neoplasm.
 - c. Most commonly traction diverticulæ.
 - d. None of the above.
- 14. About posterior urethral valve all are true except:**
- a. Is best diagnosed by urethroscope.
 - b. Treatment is most commonly by transurethral resection.
 - c. Causes acute retention of urine.
 - d. All of the above.

15. In penile hypospadias:

- a. The urethra opens midway between the scrotum and the anus.
- b. The prepuce is deficient superiorly.
- c. The penis is curved downwards.
- d. No treatment is required till the age of 10 years.
- e. Circumcision should be done during the neonatal period.

16. Complications of rupture kidney include:

- a. Shock.
- b. Renal failure if solitary kidney.
- c. A-V fistula.
- d. Pseudohydronephrosis.
- e. All of the above

17. As regards incidence of rupture bladder all are correct except:

- a. It is more common in males.
- b. Intraperitoneal rupture is more common.
- c. Extraperitoneal is always associated with fracture pelvis.
- d. All of the above.

18. Treatment of rupture bladder include the following except:

- a. Resuscitation.
- b. Water tight repair without drain.
- c. Urethral catheter for 2 weeks.
- d. 2ry survey and treatment of associated injuries.

19. Conservative treatment of rupture kidney is indicated in:

- a. Complete tear.
- b. Deep tear.
- c. Intraperitoneal rupture with minimal shock.
- d. Retroperitoneal rupture with minimal shock.

20. Tear drop sign is seen in:

- a. Under screen in plain x-ray in rupture kidney.
- b. In IVP in rupture kidney.
- c. In U/S in rupture kidney.
- d. None of the above.

21. Rupture urinary bladder:

- a. Most commonly extraperitoneal.
- b. More common in males.
- c. May cause hematuria.
- d. All of the above.

Self-Assessment

22. About rupture urethra:

- a. Commonly is prostatic urethra.
- b. Causes bleeding per rectum.
- c. Fracture of pubic and ischeal rami causes rupture membranous urethra.
- d. The 1st step of treatment is usually urethral catheterization.

23. An absolute indication of surgical treatment of renal injury is:

- a. 20% devitalized renal parenchyma.
- b. Major urinary extravasation.
- c. Vascular injury.
- d. Expanding perineal hematoma.

24. The triad of signs of rupture urethra includes the following except:

- a. Perineal hematoma
- b. Bleeding per urethra
- c. Retention of urine
- d. Bleeding per rectum

25. Male 25 years old arrived hospital in severe shock after a road traffic accident. Abdominal examination revealed tenderness & rigidity in the Lt loin and fullness in the suprapubic region. He failed to pass any urine. He should be suspected to have sustained:

- a. Rupture of the spleen
- b. Rupture of the left kidney
- c. Retroperitoneal hematoma
- d. Extraperitoneal rupture of the bladder
- e. Intrapelvic rupture of the urethra

26. Renal tuberculosis all are correct except:

- a. The kidney is affected usually by hematogenous spread.
- b. Earliest symptom is frequency.
- c. Sterile puria increase suspicion.
- d. Renal calcification excludes T.B.
- e. May result in autonephrectomy.

27. The following may be a presentation of perinephric abscess:

- a. FAHMR.
- b. Psoas spasm.
- c. Hiccough.
- d. Throbbing pain in loin increased with breathing.
- e. All of the above

28. As regards types of pyonephrosis all are correct except:

- a. In primary type the kidney may be hugely enlarged.
- b. 2ry type is due to superimposed infection and chronic obstruction.
- c. Closed pyonephrosis is an emergency condition.
- d. Urine analysis may be -ve in closed type.

Volume-I MCQ

29. Complications of urinary bilharziasis include the following except:

- a. Infertility.
- b. Corpulmonale.
- c. Hydronephrosis.
- d. Squamous cell carcinoma.
- e. All of the above

30. All of the following findings give sure diagnosis of renal TB except:

- a. Acid fast, alcohol fast bacilli on ZN stain.
- b. Sterile pyuria.
- c. +ve culture on lowenstein medium.
- d. +ve culture on bactec medium.

31. About urinary bilharziasis:

- a. Most common organism is Schistosoma mansoni.
- b. May lead to transitional cell carcinoma.
- c. Characteristic sandy patches on macroscopic exam.
- d. Nonspecific histopathological pattern may be seen.

32. All of the following lesions in bilharziasis are precancerous except:

- a. Cystitis cystica.
- b. Leukoplakia.
- c. Cystitis glandularis.
- d. Sandy patches.

33. Disease of urinary bladder cause:

- a. Initial haematuria.
- b. Terminal haematuria.
- c. Total haematuria.
- d. Can not cause haematuria.

34. About urinary tract infection all are true except:

- a. It is the most common cause of phosphate stone.
- b. The most common organism is proteus miabiles.
- c. Causes of stasis are very common predisposing factors.
- d. More in females.

35. Regarding urinary bladder bilharziasis all are true except:

- a. Diagnosed by presence of sandy patches, pseudotubercles or ulcerations in cystoscope.
- b. Leads to urinary bladder carcinoma.
- c. Causes total hematuria.
- d. All of the above.

Self-Assessment

36. Radiological signs of perinephric abscess include the following except:

- a. Enlargement of the renal shadow on the plain film
- b. Homolateral scoliosis
- c. Obliteration of the psoas shadow
- d. Elevation and fixation of the diaphragm
- e. Positive Mathe's sign

37. The following statements about pyonephrosis are correct except that it

- a. Is a chronic retention of infected urine in the kidney
- b. Usually results from coincident infection and obstruction as in renal calculi and pyelonephritis
- c. Is characterized by dilatation of the pelvicalyceal system with extensive excavation of the parenchyma
- d. Presents with pain, swelling, fever and pyuria
- e. Is best treated by primary nephrectomy

38. Renal tuberculosis should be suspected in presence of:

- a. Sterile pyuria
- b. Renal calcification
- c. Indistinct outline of papilla in IVP
- d. Urinary frequency and hematuria
- e. Each of the above

39. Presentations of urinary stones may be the following except:

- a. Renal pelvic stone → pain restricted to loin.
- b. Upper ureter stone has no radiating pain.
- c. Bladder neck stone → pain radiating to neck of penis.
- d. Urinary stone may be asymptomatic especially triphosphate stone.

40. The following are common sites of impaction of ureteric stone:

- a. Pelviureteric junction.
- b. Crossing of iliac arteries.
- c. Crossing of broad ligaments in females or vas in males.
- d. Ureteric orifice.
- e. All of the above.

41. Conservative treatment of urinary stone include:

- a. Ample fluid intake.
- b. Antibiotics.
- c. Analgesics.
- d. Acidification of urine.
- e. All of the above.

42. The following type of stone is radiolucent in (KUB) films:

- a. Calcium stones.
- b. Urate stones.
- c. Cysteine stones.
- d. Oxalate stones.

Volume-I MCQ

43. All of the following are predisposing factors to Ca oxalate stone except:

- a. Hyperparathyroidism.
- b. Increase consumption of mango, tomato and milk.
- c. Bone secondaries.
- d. Giant tumor lysis.
- e. Prolonged recumbency.

44. The most symptomatic stone is:

- a. Oxalate.
- b. Urate.
- c. Phosphate.
- d. Cysteine.

45. The least symptomatic stone is:

- a. Oxalate.
- b. Urate.
- c. Phosphate.
- d. Cysteine.

46. DD of ureteric stone (opacity) in x-ray film include:

- a. Gall bladder stone on rt side.
- b. Phlibolith.
- c. Calcified LN.
- d. All of the above.

47. The stone causing strangury must irritate:

- a. Ureter.
- b. Pelviureteric junction.
- c. Trigone.
- d. Ureteric orifice.

48. Regarding urinary stones all are true except:

- a. Urate stones are translucent.
- b. Oxalate stone is spiky.
- c. Triple phosphate stones consist of magnesium, calcium and sodium.
- d. None of the above.

49. Predisposing factors of urinary stones include:

- a. Urinary bladder diverticulae.
- b. Recurrent urinary tract infection.
- c. Metabolic causes.
- d. All of the above.

Self-Assessment

50. Renal calculus formation has been shown to be related to all of the following except:

- a. Vitamin D metabolism.
- b. Urea splitting bacteria.
- c. Immobilization.
- d. Stenosis of ureteropelvic junction.
- e. Malabsorption.

51. A ureteric stone needs surgical removal when:

- a. Enlarging
- b. Obstructing
- c. Too large to pass
- d. Causing urinary infection
- e. All of the above

52. Which of the following statements regarding ureteric colic is false:

- a. The pain is restricted to the loin when the stone is coming out of the kidney
- b. Pain radiates to the groin when the stone is in upper ureter
- c. In lower ureteric stones, pain radiates to the perineum
- d. All of the above

53. The main aim in emergency treatment of anuria is to do the following except:

- a. Relieve obstruction.
- b. Prevent infection.
- c. Relieve pain.
- d. Detect type of stone and remove it.

54. As regards treatment of renal malignancies all are correct except:

- a. Urinary bladder is removed during radical nephrectomy.
- b. When un resectable radiotherapy and chemotherapy may be tried in Wilm's tumor.
- c. Chemotherapy and radiotherapy are not effective against RCC as it is adenocarcinoma.
- d. IL₂ is the 2nd line after surgery in RCC.
- e. Survival rate after surgery in Wilm's tumor is 80%.
- f. Radical nephrectomy for renal tumors is best done transabdominal.

55. All of the following are presentations of BPH:

- a. Asymptomatic.
- b. Chronic retention.
- c. Hematuria.
- d. Chronic renal failure.
- e. All of the above.

Volume-I MCQ

56. As regards Prostatectomy all are correct except:

- a. Best way for benign condition is TURP.
- b. Is indicated in all cases with BPH.
- c. Radical prostatectomy is indicated in locally active adenocarcinoma.
- d. Local latent adenocarcinoma → follow up.
- e. Metastasizing adenocarcinoma → hormonal therapy.

57. Risk factors of transitional cell carcinoma include all of the following except:

- a. Smoking.
- b. Cyclophosphamide.
- c. Pelvic irradiation.
- d. Exposure to benzidine.
- e. Exposure to schistosomiasis.

58. All of the following primary sites metastasize classically with osteolytic lesion except:

- a. Kidney.
- b. Prostate.
- c. Bladder.
- d. Breast.
- e. Lung.

59. As regard pathology of BPH:

- a. It arises from submucous glands.
- b. It leads to shortening and compression of urethra.
- c. It is fibromyoadenoma.
- d. All of the above.

60. As regard DRE BPH differs from cancer prostate in that:

- a. Cancer prostate feel hard and irregular.
- b. BPH feels smooth, firm and elastic.
- c. In BPH rectal mucosa is freely mobile.
- d. All of the above.

61. As regard complications of cancer prostate:

- a. Most common site for distant metastasis is vertebral column.
- b. Urine retention is a late complication.
- c. Most common sexual complication after prostatectomy is retrograde ejaculation.
- d. All of the above.

62. Diagnosis of urinary bladder carcinoma:

- a. The most effective diagnostic tool is cystoscopy.
- b. Best assessment of penetration is by contrast enhanced CT.
- c. Irregular filling defect in cystogram.
- d. All of the above.

Self-Assessment

63. The commonest presentation of nephroblastoma:

- a. Abdominal mass.
- b. Hematuria.
- c. Renal pain.
- d. Pulmonary metastasis.
- e. Polycythaemia.

64. Carcinoma of bladder all are true except:

- a. Is usually very painful even in early stages.
- b. Is usually associated with hematuria.
- c. Most often occur in the vault of the bladder.
- d. Is best diagnosed by cystoscopy.

65. Radiological findings of benign hypertrophy of the prostate include all of the following except:

- a. Filling defect at base of the bladder.
- b. Diverticulae of the bladder.
- c. Urethral dilatation.
- d. Ureteral dilatation.

66. The earliest symptom of benign prostatic hyperplasia is:

- a. Dysuria.
- b. Nocturnal frequency.
- c. Hesitancy.
- d. Post micturation dripping.
- e. Urine retention.

67. Bladder irrigation during TUR prostatectomy may produce:

- a. Hemolysis.
- b. Hyponatremia.
- c. Hypercalcemia.
- d. Hyperkalemia.
- e. Alkalosis.

68. A 60-year-old male presenting with painless haematuria gave a history of two similar attacks during the last six months. He had no pain, dysuria or frequency and examination revealed no abnormality. He should be suspected to be suffering from:

- a. Polycystic kidney
- b. Renal calculus
- c. Carcinoma of the bladder
- d. Hypernephroma
- e. Senile enlargement of the prostate

Volume-I MCQ

69. The following statements concerning hypernephroma are true except that it:

- a. Is a carcinoma arising from renal tubular cells
- b. Commonly arises in one pole of the kidney
- c. Usually manifests itself by recurrent renal hematuria
- d. Never causes pain
- e. May form a palpable mass

70. Histologically benign prostatic hyperplasia is:

- a. Adenoma
- b. Fibroadenoma
- c. Fibromyoadenoma
- d. None of the above

71. The formation of middle lobe in BPH arises from which zone:

- a. Transitional zone
- b. Central zone
- c. Peripheral zone
- d. None of the above

72. 15. Localized carcinoma of the prostate is BEST treated by which of the following modalities:

- a. Bilateral orchiectomy
- b. Estrogens
- c. Orchiectomy followed by estrogens
- d. Radical prostatectomy
- e. Transurethral resection of the prostate

73. What is not True of drug treatment of BPH:

- a. Alfa adrenergic inhibition reduces bladder outlet obstruction
- b. 5 Alpha reductase inhibitors decrease level of dihydrotestosterone
- c. These drugs are expensive rather than effective
- d. All are true

74. Atypical presentation of hypernephroma includes:

- a. Fever of unknown origin
- b. Polycythemia
- c. Hemoptysis/pathological fracture
- d. All of the above

75. 20. The common malignant tumor of renal pelvis and ureter is:

- a. Squamous carcinoma
- b. Adenocarcinoma
- c. Transitional cell carcinoma
- d. Papillary carcinoma

Self-Assessment

76. About acute renal failure:

- a. Pre-renal failure can result from any cause leading to sudden decrease in renal blood flow.
- b. Pre-renal failure may lead to acute tubular necrosis and renal failure.
- c. Liver cell failure may lead to renal failure.
- d. Benign prostatic hyperplasia can not cause acute renal failure.

77. A 40-year-old male was admitted in severe shock after a road traffic accident. Abdominal examination revealed tenderness and rigidity in the left loin and fullness in the suprapubic region. He failed to pass any urine. He Should be suspected to have sustained :

- a. Rupture of the spleen.
- b. Rupture of the left kidney.
- c. Retroperitoneal hematoma.
- d. Extraperitoneal rupture of the bladder.
- e. Intrapelvic rupture of the urethra.

78. The complications of unilateral hydronephrosis include the following except :

- a. Hematuria.
- b. Stone formation.
- c. Infection.
- d. Uremia.
- e. Rupture.

79. In unilateral acute pyelitis, the following statements are correct except that it :

- a. Occurs chiefly in females.
- b. Particularly common on the right side.
- c. Is usually due to ascending infection from the lower urinary or genital tract.
- d. Causes pain in the loin with frequency and dysuria.
- e. May produce severe toxemia with fever, rigor, headache and malaise.

80. Concerning pyelonephritis, the following statements are true except that it :

- a. Is always due to ascending infection.
- b. May be unilateral or bilateral.
- c. Causes enlargement of the kidney with dilatation of the pelvicalyceal system and multiple abscesses in the parenchyma.
- d. Has an acute onset with pain, tenderness and rigidity in the loin.
- e. Is often associated with fever, rigor and severe toxemia.

Volume-I MCQ

81. A 60-year-old male presenting with painless hematuria gave a history of two similar attacks during the last six months. He had no pain, dysuria or frequency and examination revealed no abnormality. He should be suspected to be suffering from :

- a. Polycystic kidney.
- b. Renal calculus.
- c. Carcinoma of the bladder.
- d. Hypernephroma.
- e. Senile enlargement of the prostate.

82. The most common clinical presentation in a patient with unilateral renal artery stenosis is :

- a. Hypertension.
- b. Polyuria.
- c. Hematuria.
- d. Peripheral edema.
- e. High blood urea.

83. In intraperitoneal rupture of the bladder, it is untrue that it:

- a. Occurs only when the bladder is overdistended.
- b. May be due to external trauma or intravesical instrumentation.
- c. Is particularly common in females..
- d. May cause peritonitis with shifting dullness.
- e. Requires immediate laparotomy.

84. The incorrect statement about extraperitoneal rupture of the bladder is that it :

- a. Is almost always a complication of fractured pelvis.
- b. Causes extravasation in the perivesical space and anterior abdominal wall.
- c. Causes suprapubic pain with an intense desire to micturate.
- d. Produces a rapidly increasing tender swelling above the pubis.
- e. Cannot be differentiated from intrapelvic rupture of the urethra by catheterization.

85. In tuberculous cystitis, the following statements are true except that it :

- a. Is usually due to direct spread from the prostate, seminal vesicles or uterine adnexa.
- b. Always commences in the trigone.
- c. Causes acid sterile pyuria.
- d. May lead to severe contraction of the bladder.
- e. May require intestinocytostasy.

86. The incorrect statement about bilharzial cystitis is that it:

- a. Is the commonest cause of hematuria in Egypt.
- b. Predisposes to secondary infection and stone formation.
- c. Rarely causes bladder neck obstruction.
- d. May produce calcified-shadows in the plain X-ray.
- e. May require surgical interference.

Self-Assessment

87. The commonest cause of bilharzial bladder-neck obstruction is:

- a. Papillomata in the trigone.
- b. Bilharzial infiltration of the interureteric bar.
- c. Ring fibrosis around the internal meatus.
- d. Bilharzial prostatitis.
- e. Seminal vesiculitis.

88. A male farmer aged 30 years presented with dysuria, frequency and pain in the suprapubic region, penium and tip of the penis. His symptoms were more marked by day than by night and were aggravated by riding his donkey. He should be suspected to have:

- a. Bilharzial cystitis.
- b. Tuoerculosis of bladder.
- c. Chronic prostatitis.
- d. Vesical calculus.
- e. Bladder neck obstruction.

89. The following statements about non-bilharzial carcinoma of the bladder are true except that it :

- a. Is most often a transitional-cell carcinoma.
- b. Occurs most frequently in the fundus.
- c. Usually forms a cauliflower-like mass.
- d. May manifest itself by painless hematuria.
- e. Is palpable only in late cases.

90. Concerning bilharzial cancer of the bladder, it is untrue that it:

- a. Is the commonest malignant tumor in Egypt.
- b. Occurs at a much younger age than non-bilharzial cancer.
- c. Arises least often in the trigone.
- d. Is usually of high-grade malignancy.
- e. Produces hematuria and necroturia.

91. Concerning congenital valve of the urethra, the following statements are correct except that they :

- a. Occurs just below the verumontanum.
- b. Consist of cusps directed towards the external meatus.
- c. Obstruct the flow of urine.
- d. Allow the passage of a catheter.
- e. Are best treated by diathermy fulguration.

92. The management of neonates with hypospadias should include the following except :

- a. Circumcision.
- b. Urgent meatotomy for meatal stenosis.
- c. Early resection of the chordee.
- d. Definitive repair at the age of 4 years.
- e. Perineal urethrostomy at the definitive repair.

Volume-I MCQ

93. In penile hypospadia, it is untrue that :

- a. The urethral opening lies on the undersurface of the penis.
- b. The corpus spongiosum is replaced by a fibrous cord.
- c. The prepuce is deficient inferiorly.
- d. The penis is curved downwards.
- e. No treatment is necessary till the age of 4 years.

94. In extrapelvic rupture of the urethra, the following statements are true except that it :

- a. Usually affects the bulbous portion,
- b. Causes bleeding from the meatus.
- c. Results in retention of urine.
- d. Produces no external signs.
- e. May be partial or complete.

95. Following a fall astride a beam, a young male felt sharp pain in the perineum with bleeding from the meatus and inability to pass urine. Examination revealed a distended bladder and a perineal hematoma. The diagnosis proved to be :

- a. Intrapelvic rupture of urethra.
- b. Extrapelvic rupture of urethra.
- c. Perineal hematoma.
- d. Intraperitoneal rupture of bladder.
- e. Extraperitoneal rupture of bladder.

96. It is untrue that urethral calculus

- a. Is usually migrating from the upper urinary tract.
- b. May be impacted in any part of the urethra.
- c. Causes acute retention of the urine.
- d. May be palpable through the floor of the urethra.
- e. Often requires urgent operative interference.

97. Among the following about acute prostatitis, the incorrect statement is that it :

- a. Occurs by hematogenous spread from a distant septic focus.
- b. May be precipitated by prostatic massage or urethral instrumentation.
- c. Causes perineal pain with frequency, urgency, dysuria and fever.
- d. May proceed to abscess formation.
- e. May cause acute retention.

98. The symptoms of chronic prostatitis include the following except:

- a. Dull aching pain in perineum or rectum.
- b. Referred pain in urethra, groins, lumbosacral region and thighs
- c. Dysuria with frequency and urgency.
- d. Prostatorrhoea.
- e. Sterility.

Self-Assessment

99. The following statement about senile enlargement of the prostate are correct except that it :

- a. Occurs in about 35 % of men over 50 years of age.
- b. Rarely affects negroes and mongolians.
- c. Always starts in the submucous glands of the lateral and middle lobes.
- d. May affect the anterior and posterior lobes.
- e. Takes the form of an adenoma with three capsules.

100. The earliest symptom of senile enlargement of the prostate is:

- a. Dysuria.
- b. Nocturnal frequency.
- c. Precipitancy.
- d. Hesitency.
- e. After dribbling.

101. The indications for prostatectomy in senile enlargement of the prostate include the following except:

- a. One attack of acute retention.
- b. Profuse bleeding.
- c. Stone formation.
- d. Diverticulum formation.
- e. Suspicion of malignancy.

102. A 55-year old male presented because of nocturnal frequency, weak stream and recurrent hematuria. Examination revealed no abnormality apart from soft, smooth, symmetrical enlargement of the prostate. The most probable diagnosis is

- a. Chronic prostatitis.
- b. Tuberculosis of prostate.
- c. Bilharzial prostatitis.
- d. Senile enlargement of prostate.
- e. Carcinoma of prostate.

103. Among the following complications of senile enlargement of the prostate the most serious one is :

- a. Acute retention.
- b. Chronic retention.
- c. Hematuria.
- d. Infection.
- e. Stone formation.

Volume-I MCQ

- 104. Concerning carcinoma of the prostate, true statements do not include that it:**
- a. Is usually a well-differentiated adenocarcinoma.
 - b. Manifests itself most often by massive hematuria.
 - c. Is not hormone-dependent.
 - d. Causes a rise in the serum acid phosphatase.
 - e. Is rarely treated by radical prostatectomy.
- 105. A 3 month-old infant was found to have a right inguinal undescended testis. The proper management is to :**
- a. Wait for spontaneous descent.
 - b. Administer chorionic gonadotrophin to induce descent.
 - c. Order hormone assays.
 - d. Perform immediate orchidopexy.
 - e. Delay operation until school age.
- 106. A 45 years old male with a history of recurrent painless hematuria presented with a soft swelling in the upper part of the scrotum. The swelling felt like a "bag-of-warms" and did not alter its size with change of posture. The most probable diagnosis is:**
- a. Primary varicocele.
 - b. Hypernephroma with secondary varicocele.
 - c. Encysted hydrocele of cord.
 - d. Lymphocele.
 - e. Irreducible oblique inguinal hernia.
- 107. In an elderly patient, a prostatic mass was discovered on rectal examination. Features suggestive of malignancy include the following except:**
- a. A rough irregular surface.
 - b. Hard indurated nodules.
 - c. Elevated irregular border.
 - d. Adhesion and fixation of the overlying rectal wall.
 - e. Deepening of the median sulcus.
- 108. In carcinoma of the prostate, the following except that:**
- a. Bleeding is usually the first symptom.
 - b. The tumor is often irresectable at the time it is diagnosed.
 - c. Radionuclide scanning is a useful screening test for bone metastasis.
 - d. The serum acid phosphatase is usually elevated.
 - e. Hormone therapy is effective in relieving the pain of bone metastasis.

Self-Assessment

109. The advantages of transurethral resection of the prostate over open prostatectomy include the following except :

- a. Lower mortality rate.
- b. Shorter hospitalization.
- c. Preservation of sexual potency.
- d. Avoidance of retrograde insemination.
- e. Elimination of ascending epididymitis.

110. The only contraindication to percutaneous nephrolithotomy (PCN) is:

- a. Poor general condition.
- b. Clotting disorders.
- c. Hydronephrosis.
- d. Multiple calyceal calculi.
- e. Staghorn stones.

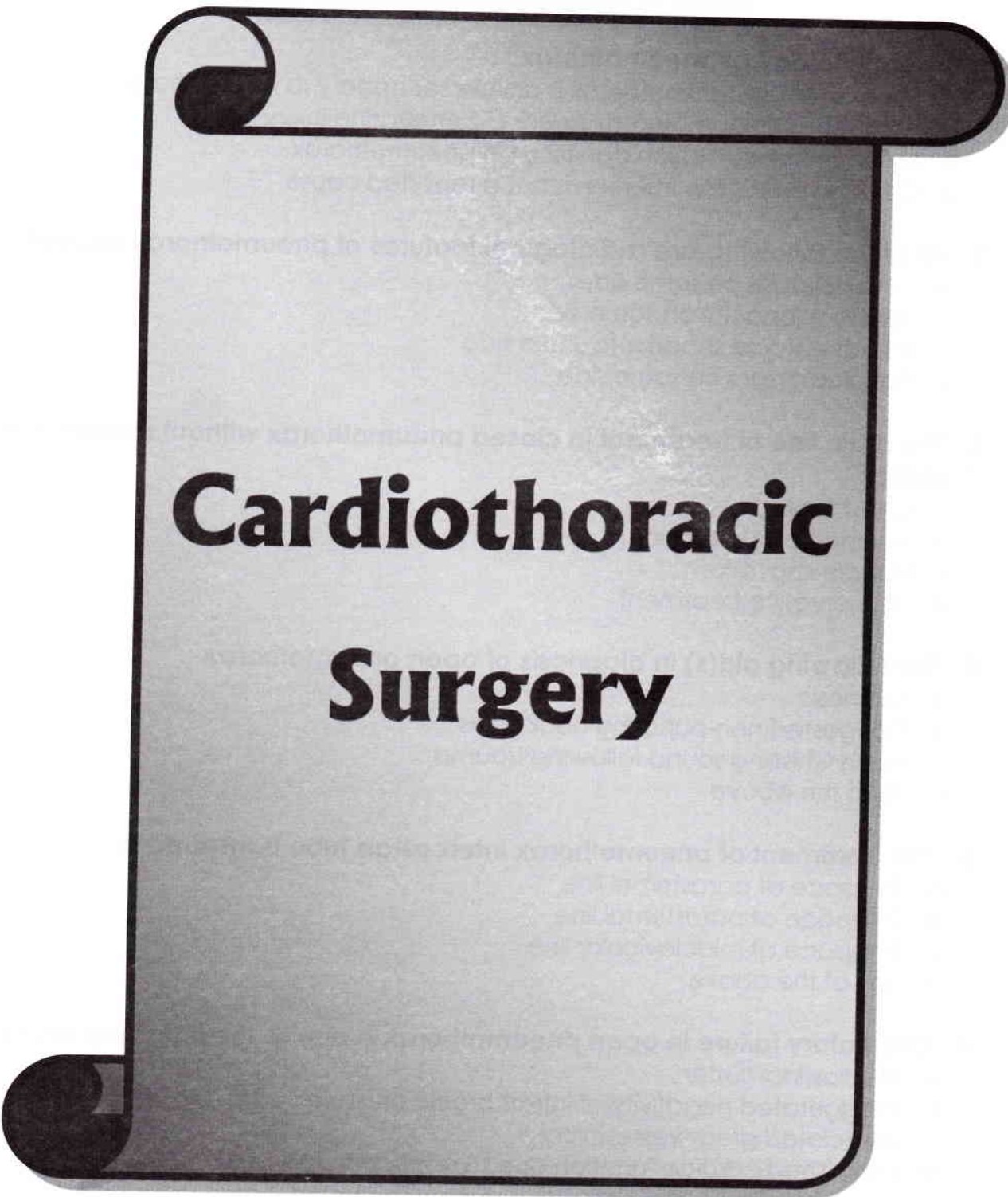
111. A 45-year-old male presented with recurrent multiple renal calculi, normal left kidney and lower urinary tract. He is best treated by :

- a. Nephrectomy.
- b. Nephrolithotomy.
- c. Pyelolithotomy.
- d. Percutaneous nephrolithotomy (PCN).
- e. Extracorporeal shock wave lithotripsy (ESWL).

Volume-I MCQ

URO-SURGERY

- | | | |
|---------------|---------------|----------------|
| 1. Answer: B | 38. Answer: E | 75. Answer: C |
| 2. Answer: D | 39. Answer: B | 76. Answer: D |
| 3. Answer: B | 40. Answer: E | 77. Answer: B |
| 4. Answer: C | 41. Answer: E | 78. Answer: D |
| 5. Answer: D | 42. Answer: B | 79. Answer: C |
| 6. Answer: C | 43. Answer: D | 80. Answer: A |
| 7. Answer: B | 44. Answer: A | 81. Answer: D |
| 8. Answer: A | 45. Answer: C | 82. Answer: A |
| 9. Answer: B | 46. Answer: D | 83. Answer: C |
| 10. Answer: D | 47. Answer: C | 84. Answer: E |
| 11. Answer: C | 48. Answer: C | 85. Answer: A |
| 12. Answer: D | 49. Answer: D | 86. Answer: C |
| 13. Answer: C | 50. Answer: E | 87. Answer: C |
| 14. Answer: B | 51. Answer: E | 88. Answer: D |
| 15. Answer: C | 52. Answer: D | 89. Answer: B |
| 16. Answer: E | 53. Answer: D | 90. Answer: D |
| 17. Answer: B | 54. Answer: A | 91. Answer: B |
| 18. Answer: B | 55. Answer: E | 92. Answer: A |
| 19. Answer: D | 56. Answer: B | 93. Answer: E |
| 20. Answer: B | 57. Answer: E | 94. Answer: D |
| 21. Answer: D | 58. Answer: B | 95. Answer: B |
| 22. Answer: C | 59. Answer: D | 96. Answer: B |
| 23. Answer: D | 60. Answer: D | 97. Answer: A |
| 24. Answer: D | 61. Answer: D | 98. Answer: E |
| 25. Answer: B | 62. Answer: D | 99. Answer: D |
| 26. Answer: D | 63. Answer: A | 100. Answer: B |
| 27. Answer: E | 64. Answer: C | 101. Answer: A |
| 28. Answer: A | 65. Answer: D | 102. Answer: D |
| 29. Answer: E | 66. Answer: B | 103. Answer: B |
| 30. Answer: B | 67. Answer: B | 104. Answer: B |
| 31. Answer: C | 68. Answer: D | 105. Answer: D |
| 32. Answer: D | 69. Answer: D | 106. Answer: B |
| 33. Answer: B | 70. Answer: C | 107. Answer: E |
| 34. Answer: B | 71. Answer: B | 108. Answer: A |
| 35. Answer: C | 72. Answer: D | 109. Answer: D |
| 36. Answer: B | 73. Answer: D | 110. Answer: B |
| 37. Answer: E | 74. Answer: D | 111. Answer: E |



Cardiothoracic Surgery

Volume-I MCQ

CARDIO-THORACIC

- 1. About etiology of pneumothorax:**
 - a- Spontaneous pneumothorax is always secondary to lung disease
 - b- Accidental pneumothorax needs a penetrating injury
 - c- Mechanical ventilation can result in pneumothorax
 - d- Central venous line insertion is not a reported cause
- 2. All of the following are radiological features of pneumothorax except:**
 - a- Lung collapse on same side
 - b- Jet black opacity on same side
 - c- Shift of cardiac shadow to same side
 - d- Flat diaphragm on same side
- 3. The main line of treatment in closed pneumothorax without mediastinal shift is:**
 - a- Chest tube
 - b- Mechanical ventilation
 - c- Needle aspiration
 - d- Conservative treatment
- 4. The following aid(s) in diagnosis of open pneumothorax**
 - a- Cyanosis
 - b- Congested non-pulsating neck veins
 - c- Harsh whistling sound following trauma
 - d- All of the above
- 5. For treatment of pneumothorax intercostals tube is inserted in**
 - a- 5th space at parasternal line
 - b- 2nd space at parasternal line
 - c- 2nd space at midclavicular line
 - d- Any of the above
- 6. Circulatory failure in open pneumothorax is due to the following except:**
 - a- Mediastinal flutter
 - b- Exaggerated negativity of intrathoracic pressure
 - c- Associated great vessel injury
 - d- Diminished cardiac function due to respiration failure
- 7. All of the following are differential diagnoses for sudden chest pain without shock except:**
 - a- Tension pneumothorax
 - b- Massive pulmonary embolism
 - c- Massive myocardial infarction
 - d- Flail chest

Self-Assessment

8. The most life threatening chest wall lesion is:

- a- Empyema
- b- Tension pneumothorax
- c- Flail chest
- d- Hemothorax

9. All are causes of hemothorax except:

- a- Trauma
- b- Bronchogenic carcinoma
- c- Rupture of emphysematous bulla
- d- Anticoagulant therapy
- e- Hemophilia

10. About treatment of hemothorax all are correct except:

- a- there is no need to decorticate at all
- b- Resuscitation and stabilization of general condition has the priority
- c- Encysted hemothorax is an indication of thoracotomy
- d- Fibrinolysis may prevent clotting giving chance to conservation

11. As regards pathology of hemothorax all are correct except:

- a- Blood always coagulates completely
- b- Blood is defibrinated by continuous diaphragmatic motion
- c- Hemothorax can result in large hydrothorax by transudation
- d- It can be complicated by fibrothorax or empyema

12. In flail chest limitation of movement of flail part is done to:

- a- Decrease risk of injury to intercostals structure
- b- Prevent paradoxical movement and pendulum respiration
- c- Prevent mediastinal flutter
- d- Decreases pain
- e- All of the above

13. The following organisms cause a severe type of empyema complicated by dense adhesions:

- a- Staph
- b- Streptococci
- c- Pneumococci
- d- E.Coli

14. All of the following are indications of open surgical drainage of pus in acute empyema except:

- a- thick pus
- b- Rapid recollections of pus
- c- Streptococcal empyema
- d- Extensive conditions

Volume-I MCQ

15. As regards Empyema necessitans all are correct except:

- a- Is an encysted empyema
- b- Gives expansile impulse on cough
- c- Can perforate skin leading to skin sinus
- d- Is a subcutaneous abscess communicated with empyemic pleura

16. The following are signs of chronic empyema except:

- a- Paroxysmal fever and chills
- b- Flattening of diaphragm
- c- Sinus in chest wall discharging pus
- d- Scoliosis

17. All of the following are complications of chronic empyema except:

- a- Empyema necessitans
- b- Amyloidosis
- c- Mesothelioma
- d- Toxic arthritis

18. The following factor(s) predispose to chronic empyema:

- a- Pulmonary tuberculosis
- b- DM
- c- Inadequate drainage
- d- Bronchogenic carcinoma
- e- All of the above

19. About bronchogenic carcinoma all are correct except:

- a- Common in old smoker males
- b- Can present by any chest symptom
- c- Usually inoperable at diagnosis
- d- 5 years old survival rate is 60%

20. During the insertion of a subclavian catheter for hyperalimentation in a patient with Crohn's disease the patient became dyspneic with a respiratory rate of 32/min, pulse rate of 120/min. and drop of the B.P. to 80/60. The appropriate immediate action is :

- a. Chest X-ray,
- b. Lung scan.
- c. Intubation and mechanical ventilation.
- d. Chest tube.
- e. Vasopressors.

21. The treatment of choice in flail chest is:

- a. Tracheostomy.
- b. Intercostal nerve block.
- c. Adhesive strapping.
- d. Elevation of broken ribs with towel clips.
- e. Positive pressure ventilation.

Self-Assessment

22. Open chest wounds are characterized by the following except that they :

- a. May cause "pendulum respiration".
- b. May produce "mediastinal flutter".
- c. May be associated with abdominal injuries.
- d. Need immediate sealing of the wound.
- e. Always require thoracotomy for definitive treatment.

23. Which of the following statements about traumatic haemothorax is untrue?

- a. May absorb spontaneously.
- b. May be associated with signs of internal hemorrhage.
- c. Cannot be diagnosed radiologically with less than 500 ml of blood.
- d. Should be treated by repeated needle aspirations.
- e. May require decortication of both lung and pleura.

24. The following statements about spontaneous pneumothorax are true except that it :

- a. May occur in the absence of any pulmonary lesion.
- b. Is readily diagnosed clinically.
- c. Usually resolves spontaneously.
- d. May require intercostal catheter drainage.
- e. Usually requires exploratory thoracotomy.

25. In a case of pleural effusion, the following statements are correct except that:

- a. The diagnosis can be made with as little as 100 ml of fluid.
- b. The trachea may be displaced to the opposite side.
- c. Aspiration of blood-stained fluid is highly suspicious of bronchogenic carcinoma.
- d. Open biopsy of the pleura is necessary.
- e. Rapid aspiration of the fluid, is not advisable.

26. Pleural fluid with the appearance of "anchovy sauce " pus is characteristic of :

- a. B. coli.
- b. Staph. aureus.
- c. Echinococcus.
- d. Entameba histolytica.
- e. Hemothorax.

27. The primary treatment of Tuberculous empyema is:

- a. Systemic chemotherapy.
- b. Aspiration.
- c. Closed tube drainage.
- d. Open drainage.
- e. Thoracoplasty.

Volume-I MCQ

28. Pulmonary tuberculosis, the incorrect statement among the following is that :

- a. The primary focus occurs in the periphery of the lung.
- b. The hilar nodes are often enlarged.
- c. Cavitation is common.
- d. Fibrosis is rare in the late stages of the disease.
- e. Healing rarely occurs under conservative treatment.

29. concerning bronchogenic carcinoma, the incorrect statement among following is that it :

- a. Is most often an oat-cell carcinoma.
- b. Commonly manifests itself by symptoms of chest infection.
- c. May secrete hormone-like substances.
- d. May produce degenerative changes in the nervous system.
- e. Is much more common in males than females.

30. The most common pulmonary tumor is:

- a. Bronchial adenoma.
- b. Pulmonary hamartoma.
- c. Squamous-cell carcinoma.
- d. Oat-cell carcinoma.
- e. Adenocarcinoma.

31. Which of the following statements is untrue concerning oat-cell carcinoma of the lung?

- a. Composed of undifferentiated small cells with very scanty stroma.
- b. Usually occurs near the hilum.
- c. Is the most malignant pulmonary tumor.
- d. May be associated with extrapulmonary non-metastatic symptoms.
- e. May be treated by radical resection.

32. The following statements about cardiac arrest are true except that it:

- a. May be due to cardiac asystole or to ventricular fibrillation.
- b. Causes irreversible brain damage after three minutes.
- c. Is suspected from absence of carotid pulse.
- d. Is associated with fixed dilatation of the pupils.
- e. Should be treated at once by open cardiac massage.

33. The first step in cardiac resuscitation is:

- a. Cardiac massage.
- b. Intravenous infusion.
- c. Cardiotonic drugs.
- d. Ventilation.
- e. Bicarbonate administration.

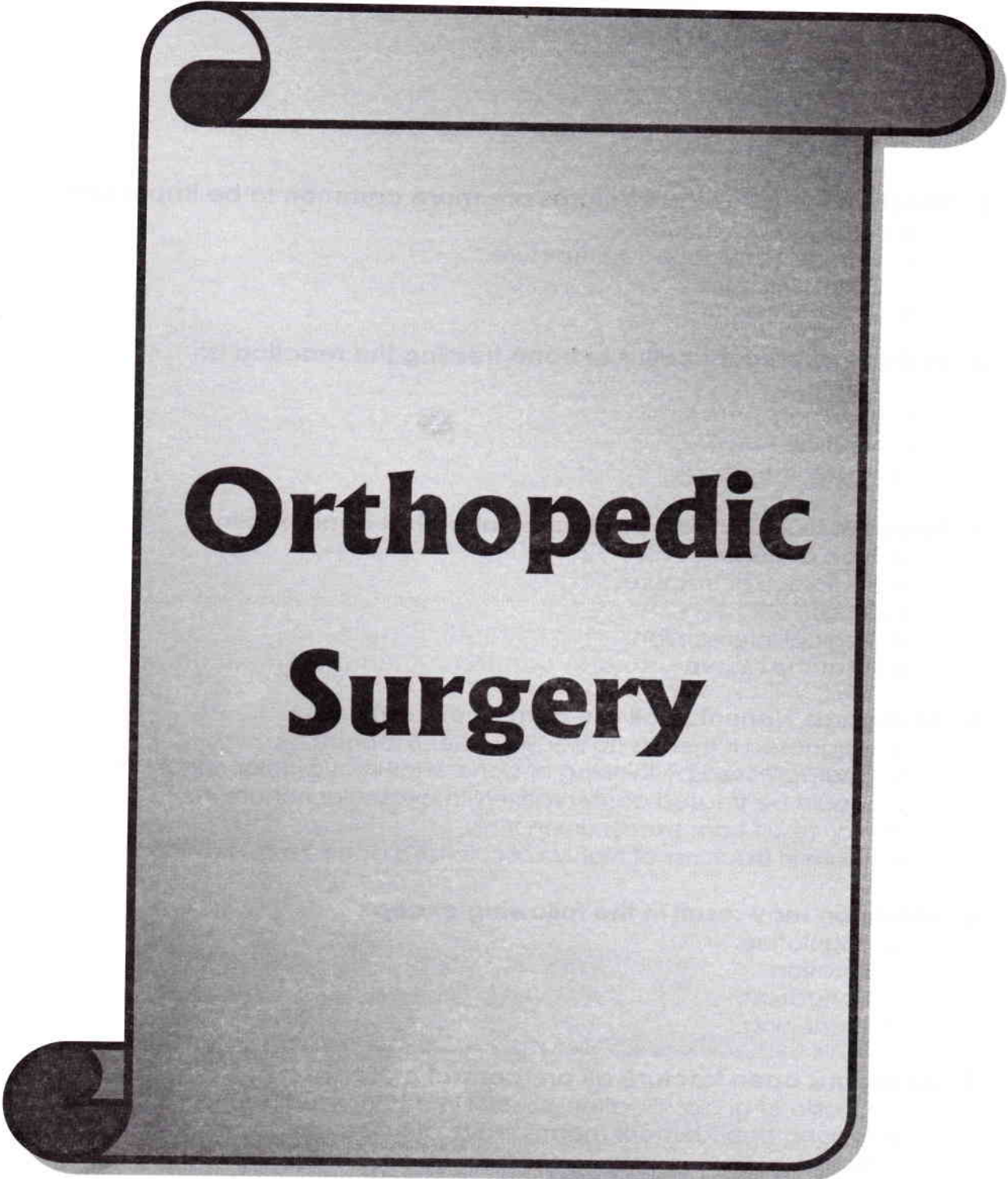
Self-Assessment

- 34. A 35-years-old male sustained a gunshot wound of the left chest in the midaxillary line. On admission, his B.P. was 90/60, pulse 120 and respiratory rate 30/min. After IV infusion of two liters of lactated Ringer's solution his CVP was 30 cm but his hypotension continued. The chest was clear and the breath sounds were normal. He proved to be suffering from**
- a. Acute heart failure.
 - b. Myocardial infarction.
 - c. Cardiac tamponade.
 - d. Ruptured pulmonary artery.
 - e. E. Flail chest.

Volume-I MCQ

CARDIO-THORACIC

1. Answer: C
2. Answer: C
3. Answer: D
4. Answer: D
5. Answer: C
6. Answer: B
7. Answer: D
8. Answer: B
9. Answer: C
10. Answer: A
11. Answer: A
12. Answer: E
13. Answer: C
14. Answer: C
15. Answer: A
16. Answer: B
17. Answer: C
18. Answer: E
19. Answer: D
20. Answer: D
21. Answer: E
22. Answer: E
23. Answer: A
24. Answer: E
25. Answer: A
26. Answer: D
27. Answer: A
28. Answer: E
29. Answer: A
30. Answer: C
31. Answer: E
32. Answer: E
33. Answer: D
34. Answer: C



Orthopedic Surgery

Volume-I MCQ

ORTHOPEDICS

- 1. First bone to ossify in foetal life is:**
 - a. Femur.
 - b. Tibia.
 - c. Clavicle.
 - d. Sternum.
- 2. Which of the following fractures are more common to be impacted:**
 - a. Neck femur fracture.
 - b. Humeral supracondylar fracture.
 - c. Colle's fracture.
 - d. Clavicle fracture.
- 3. In stage of primary callus in bone healing the reaction is:**
 - a. Acidic.
 - b. Alkaline.
 - c. Neutral.
 - d. Any of the above.
- 4. Which of the following are factors affecting bone healing:**
 - a. Type of bone.
 - b. Intraarticular fracture.
 - c. Drugs.
 - d. Surgical intervention.
 - e. All of the above
- 5. As regards Nonunion all are correct except:**
 - a. Diagnosed if there is no healing after 6 months.
 - b. Characterized by thinning of bone ends in avascular nonunion.
 - c. Should be treated conservatively in avascular nonunion.
 - d. May result from excess union trials.
 - e. Is rare in fractures of highly vascularized bones, e.g. clavicle.
- 6. Malunion may result in the following except:**
 - a. Angulation.
 - b. Rotation.
 - c. Elongation.
 - d. Shortening.
- 7. As regard open fracture all are correct except:**
 - a. Gustilo et al classification is useful in determining method of fixation.
 - b. Wound debridement means removal of foreign bodies and devitalized tissues.
 - c. Closure of skin wounds is always indicated.
 - d. All bluish non contracting non bleeding muscles should be excised.

Self-Assessment

8. **O.R.I.F is indicated in the following except:**
- a. Unstable fractures.
 - b. Open fracture.
 - c. With neurovascular injuries (when exploration is needed).
 - d. Pathological fractures.
9. **The following fractures are more common in postmenopausal females except:**
- a. Fracture surgical neck of humerus.
 - b. Fracture neck femur.
 - c. Supracondylar fracture humerus.
 - d. Colle's fracture.
10. **Delayed union:**
- a. May be caused by infection.
 - b. Systemic steroids may cause delayed union.
 - c. Is diagnosed when there is nonunion after 1.5 times as the expected time for union.
 - d. Is treated by treatment of the cause + rigid fixation.
 - e. All of the above.
11. **The followings are complications of fracture except:**
- a. Neurogenic shock.
 - b. Stroke.
 - c. Fat embolism.
 - d. Renal failure.
 - e. Sepsis.
12. **The following types of shock may complicate femoral fracture except:**
- a. Hypovolemic.
 - b. Neurogenic.
 - c. Cardiogenic.
 - d. Septic.
13. **Which statement is untrue regarding Sudek's atrophy:**
- a. Occurs most common after wrist and ankle injuries.
 - b. Is characterized by severe pain and stiffness.
 - c. Followed by osteoarthritis of the near joints.
 - d. May require sympathectomy.
 - e. Is a type of osteodystrophy.
14. **Immobilization of fractures of long bones should include**
- a. Fractured bone only
 - b. Joint involved in the fracture
 - c. Proximal joint
 - d. Both proximal and distal joints
 - e. Distal joint

15. Causes of gangrene after fracture in a limb do not include:

- a. Direct crushing of the tissues
- b. Injury to the main vessels
- c. Tight plasters
- d. Septic infection
- e. Clostridial infection

16. The most common site of fracture clavicle is:

- a. Middle.
- b. Medial end.
- c. Between middle and lateral thirds.
- d. Between middle and medial thirds.

17. Most common complication of fracture clavicle is:

- a. Brachial plexus injury.
- b. Shoulder stiffness.
- c. Malunion (of no functional significance).
- d. None of the above.

18. The most common type of shoulder dislocation is:

- a. Posterior.
- b. Anterior.
- c. Inferior.
- d. Superior.

19. The commonest complication of anterior shoulder dislocation is:

- a. Axillary artery injury.
- b. Rotator cuff tear.
- c. Recurrent dislocation.
- d. None of the above.

20. The treatment of recurrent shoulder dislocation is:

- a. Kocher's method.
- b. Hippocratic method.
- c. Bankart's operation.
- d. Arthrodesis.

21. Anterior elbow dislocation is usually associated with fracture of:

- a. Coronoid process.
- b. Head of radius.
- c. Olecranon process.
- d. None of the above.

22. All of the following are common complications of anterior shoulder dislocation except:

- a. Rotator cuff tear.
- b. Radial nerve injury.
- c. Axillary nerve injury.
- d. Brachial plexus injury.
- e. Recurrent dislocation.

Self-Assessment

23. The ideal treatment of anterior elbow dislocation is:

- a. Closed reduction.
- b. ORIF.
- c. Skin traction.
- d. None of the above.

24. Colle's fracture is:

- a. Extraarticular fracture of distal ulna.
- b. Intraarticular fracture of distal ulna.
- c. Extraarticular fracture of distal radius.
- d. Intraarticular fracture of distal radius.

25. The following are parts of displacement of Colle's fracture except:

- a. Dorsal shift.
- b. Dorsal tilt.
- c. Radial shift.
- d. Radial tilt.
- e. Rotational displacement.

26. All of the following are possible complications of Colle's fracture except:

- a. Sudek's atrophy.
- b. Radial artery injury.
- c. Carpal tunnel syndrome.
- d. Rapture of extensor pollicis longus tendon.
- e. Myositis ossificans.

27. For prevention of Sudek's atrophy patients with Colle's fracture should start physiotherapy:

- a. From the first day.
- b. After one week.
- c. After removal of cast.
- d. After 9 months.

28. Most important complication in fracture both bones of forearm is:

- a. Median nerve injury.
- b. Madlung deformity.
- c. Compartmental syndrome.
- d. Carpal tunnel syndrome.

29. Most common fracture of upper limb is:

- a. Supracondylar fracture.
- b. Shaft humerus fracture.
- c. Clavicle fracture.
- d. Colle's fracture.

30. Most common joint to be dislocated is:

- a. Hip.
- b. Knee.
- c. Elbow.
- d. Shoulder.

31. Recurrent dislocation is common complication in:

- a. Hip dislocation.
- b. Knee dislocation.
- c. Anterior shoulder dislocation.
- d. Posterior shoulder dislocation.
- e. Elbow dislocation.

32. The following are presentation of supracondylar fracture except:

- a. Disturbance of supracondylar ridge.
- b. Disturbance of equidistant triangle between medial & lateral epicondyles and condylar process of olecranon.
- c. Partial limitation around elbow.
- d. Injury or neurovascular bundle.

33. The following are deformities that can result from Colle's fracture except:

- a. Madlung deformity.
- b. Dinner fork deformity.
- c. Ape hand deformity.
- d. Wrist drop.

34. As regards fracture of scaphoid bone all are correct except:

- a. Most common carpal bone fracture.
- b. May not affect function and may not appear in early x-ray film.
- c. Avascular necrosis doesn't affect function.
- d. Is an intraarticular fracture.

35. A fracture to the ulna with associated dislocation of the radial head is called:

- a. Morgagni's fracture.
- b. Galeazzi's fracture.
- c. Monteggia's fracture.
- d. Colles' fracture.

36. The incorrect statement about anterior dislocation of the shoulder joint is:

- a. The shoulder loses its round contour and become flattened.
- b. The elbow is abducted from the sides.
- c. All movements of the shoulder are limited and painful.
- d. The anterior and posterior folds of the axilla are elevated.
- e. The hand cannot be elevated on the opposite shoulder.

Self-Assessment

37. Flexion of distal interphalangeal joint with fixing the proximal interphalangeal joint (PIP) tests:

- a. Flexor digitorum profundus.
- b. Flexor digitorum superficialis.
- c. Palmaris longus.
- d. All of the above.

38. Bennett's fracture is

- a. reversed Colle's' fracture
- b. fracture of the scaphoid bone in the wrist
- c. fracture of the radial styloid (chauffeur's fracture)
- d. fracture dislocation of the first metacarpal

39. The most important complication of fracture neck femur is:

- a. Septic shock.
- b. Ischemic necrosis.
- c. Fat embolism.
- d. Bed sores.

40. Open book fracture means:

- a. Separation of sacroiliac joints on both sides.
- b. Separation of sacroiliac joint on one side with double pelvis fracture.
- c. Wide separation of symphysis pubis with little separation of sacroiliac joint on one side.
- d. Total pelvic disruption.

41. Malgaigne fracture is:

- a. Avulsion fracture of ASIS.
- b. Unilateral fracture of ischeal ramus.
- c. Double pelvis fracture on one side with upward dislocation.
- d. None of the above.

42. Positive obturator sign:

- a. Injury of obturator nerve.
- b. Disruption of obturator ring.
- c. Medial displacement of radiographic obturator line formed by fat over obturator internus.
- d. Tear of obturator externus.

43. The most common hip dislocation is:

- a. Congenital dislocation.
- b. Traumatic dislocation.
- c. Inflammatory dislocation.
- d. Paralytic dislocation.

44. The most common type of traumatic hip dislocation:

- a. Anterior.
- b. Posterior.
- c. Inferior.
- d. Central.

45. Position of lower limb in posterior dislocation is:

- a. Flexed abducted with shortening.
- b. Flexed adducted with shortening.
- c. Flexed abducted with lengthening.
- d. Flexed adducted with lengthening.

46. Lengthening is a possible sign of:

- a. Fracture neck femur.
- b. Fracture hip bone.
- c. Anterior hip dislocation.
- d. Posterior hip dislocation.

47. About fracture neck femur:

- a. Garden classification depends on age of patient.
- b. Intracapsular fracture has better prognosis than extracapsular.
- c. Pertrochanteric fracture mean fracture of both greater and lesser trochanters.
- d. Impacted fracture carries greater risk of avascular necrosis of head.
- e. None of the above.

48. Mortality rate in the 1st 3 months in fracture neck femur is:

- a. 5%.
- b. 10%.
- c. 20%.
- d. 35%.

49. The most important predisposing factor in fracture neck femur is:

- a. Smoking.
- b. DM.
- c. Postmenopausal osteoporosis.
- d. Poliomyelitis.

The usual position of unimpacted fracture neck femur is:

- a. External rotation and adduction.
- b. Internal rotation and adduction.
- c. External rotation and abduction.
- d. Internal rotation and abduction.

Self-Assessment

- 50. The more possibly injured nerve in fracture neck femur is:**
- a. Femoral nerve.
 - b. Obturator nerve.
 - c. Sciatic nerve.
 - d. None of the above.
- 51. The most common complication in both Pott's and Colle's fracture is:**
- a. Malunion.
 - b. Sudek's atrophy.
 - c. Neurovascular bundle.
 - d. Osteoarthritis.
- 52. 3rd degree Pott's differs from 2nd degree in:**
- a. Site of displacement of talus.
 - b. Fracture of medial malleolus.
 - c. Fracture of posterior malleolus.
 - d. A and C.
 - e. All of the above.
- 53. The 1st step in management after clinical diagnosis of Pott's fracture is:**
- a. Searching for associated injuries.
 - b. Trial to reduce dislocated ankle.
 - c. X-ray for accurate diagnosis and exclusion of associated injuries.
 - d. Proceed to fixation according to clinical diagnosis.
- 54. The following fractures affect hip joint stability except:**
- a. Butterfly fracture.
 - b. Fracture of sacrum.
 - c. Malgaigne fracture.
 - d. Open book fracture.
- 55. The following are complications of hip fracture except:**
- a. Sciatic nerve injury.
 - b. Obstetrical difficulties.
 - c. Hemorrhagic shock.
 - d. Complications of prolonged recumbency.
 - e. Femoral nerve injury.
- 56. Complications of posterior hip dislocation include the following except:**
- a. Obturator nerve injury.
 - b. Sciatic nerve injury.
 - c. Irreducibility.
 - d. Complications of prolonged recumbency.

Volume-I MCQ

57. As regards Irreducibility in posterior hip dislocation all are correct except:

- a. May lead to handicapping in neglected cases.
- b. May be due to button hole tear of joint capsule.
- c. May be due to entrapment of fragment from associated fracture acetabulum.
- d. May be due to spasm of muscles around the joint.

58. All of the following are methods for reduction of hip dislocation except:

- a. Open reduction if associated fracture acetabulum preventing closed reduction.
- b. Kocher's method.
- c. Allis method.
- d. Stimson method.

59. The following factor(s) contribute to morbidity and mortality in fracture neck femur:

- a. Old age.
- b. Prolonged recumbency.
- c. Osteoporosis.
- d. Avascular necrosis of head.
- e. All of the above

60. As regards treatment of fracture shaft femur all are correct except:

- a. Newborn with mid shaft fracture → Crede's method.
- b. Comminuted supracondylar → external fixation.
- c. Subtrochanteric fracture → condylar plate or interlocking nail.
- d. Adult → ORIF.

61. The commonest complication of fracture pelvis is:

- a. Injury to penile urethra.
- b. Injury to bulbomembranous urethra.
- c. Scrotal injury.
- d. Injury to the rectum.
- e. Injury to the bladder.

62. In a man with a traumatic pelvic ring disruption, blood at the urethral meatus is best investigated by:

- a. Excretory IVU.
- b. Urinalysis.
- c. Urethral catheterization.
- d. Retrograde urethrogram.

Self-Assessment

- 63. A 30 years old woman has posterior pelvic fracture, tachycardia and hypotension, responding poorly to volume replacement. US revealed free intraperitoneal bleeding and a pelvic hematoma. The appropriate management is:**
- a. Application of medical antishock measures.
 - b. External fixation to stabilize the pelvis.
 - c. Laparotomy and pelvic packing.
 - d. Laparotomy and ligation of iliac arteries.
- 64. Surgical treatment of acute hematogenous osteomyelitis:**
- a. Indicated if there is no response to antibiotic for 1 week.
 - b. Better as it drains pus.
 - c. Of no value.
 - d. Indicated in all cases.
- 65. The most common causative organism in acute hematogenous osteomyelitis:**
- a. Staph.
 - b. Strept.
 - c. E.coli.
 - d. Salmonella typhi.
- 66. The following are radiographic findings in chronic hematogenous osteomyelitis except:**
- a. Periosteal elevation.
 - b. Sequestrum (hyper dense lesion).
 - c. Onion peel appearance.
 - d. Involucrum.
- 67. The following are predisposing factors for acute hematogenous osteomyelitis except:**
- a. Young age.
 - b. Female sex.
 - c. Bad hygiene.
 - d. Epiphyseal trauma.
- 68. Differential diagnosis of acute hematogenous osteomyelitis includes the following except:**
- a. Ewing's sarcoma.
 - b. Osteoclastoma.
 - c. Septic arthritis.
 - d. Cellulitis.

69. As regards complications of acute hematogenous osteomyelitis all are correct except:

- a. It can always result in suppurative arthritis.
- b. Chronic osteomyelitis is a common complication that can lead to handicapping.
- c. Pathological fracture may occur.
- d. Disturbed bone growth may lead to limping.

70. As regards acute pyogenic arthritis all are correct except:

- a. Differentiated from acute hematogenous osteomyelitis by loss of passive movement.
- b. Treated primarily by surgical drainage.
- c. Usually complicate acute hematogenous osteomyelitis.
- d. May be of iatrogenic origin.
- e. Caused usually by ataph aureus transmitted through blood stream.

71. About Brodie's abscess:

- a. Presented by intermittent pain after effort.
- b. Treated by saucerization and grafting by bone chips.
- c. It is a chronic abscess.
- d. Apple jelly pus is often drained and is sterile.
- e. All of the above

72. As regards Pott's disease all are correct except:

- a. Start in anterior vertebral margin.
- b. The 1st symptom is back pain.
- c. Can't lead to intervertebral disc lesion.
- d. Is diagnosed clinically by the triad of kyphosis, paraplegia and cold abscess.

73. Tuberculosis of hip joint is characterized by the following except:

- a. Always have blood borne origin.
- b. Presented by characteristic night pains (night cries).
- c. It can lead to new bone formation (bony ankylosis).
- d. None of the above.

74. The sequestrum in X-ray appears:

- a. Dense.
- b. Light.
- c. Isodense as surrounding bone.
- d. Any of the above

75. The earliest sign of TB hip in X-ray is:

- a. Narrow joint space.
- b. Irregular moth-eaten femoral head.
- c. Periarticular osteoporosis.
- d. Dislocation.

Self-Assessment

76. Tuberculosis of the spine most likely originates from:

- a. Intervertebral disk.
- b. Cancellous vertebral body.
- c. Ligamentous structures.
- d. Paravertebral soft tissue.

77. In Pott's spine, the disease starts in the:

- a. Intervertebral disk.
- b. Anterior vertebral margin.
- c. Posterior vertebral margin.
- d. Paravertebral soft tissue.

78. The most common malignant bone tumors:

- a. Osteosarcoma.
- b. Ewing's sarcoma.
- c. Osteoclastoma.
- d. Secondaries.

79. The following tumor is more common in females:

- a. Osteoclastoma.
- b. Osteosarcoma.
- c. Ewing's sarcoma.
- d. Multiple myeloma.

80. The following tumor is locally malignant:

- a. Osteoclastoma.
- b. Osteosarcoma.
- c. Ewing's sarcoma.
- d. Multiple myeloma.

81. The following tumor must be differentiated from acute hematogenous osteomyelitis:

- a. Osteoclastoma.
- b. Osteosarcoma.
- c. Ewing's sarcoma.
- d. Multiple myeloma.

82. As regards skeletal metastasis from cancer prostate all are correct except:

- a. May be osteogenic.
- b. Can't lead to pathological fractures.
- c. Is the most common primary source for bone metastasis in males.
- d. Leads to marked elevation of acid phosphatase.

Volume-I MCQ

- 83. The following statements about osteochondroma (exostosis) are true except:**
- a. Never affects flat bones.
 - b. Can lead to mechanical block of the near joint.
 - c. Affects the diaphysis of long bones.
 - d. May be associated by dwarfism.
 - e. Can be multiple.
- 84. The following statements about multiple myeloma are true except that it:**
- a. Is a primary malignant tumor of bone marrow.
 - b. Characterized by the presence of Bence Jones proteins in urine.
 - c. Is rarely associated with anemia.
 - d. May cause paraplegia.
 - e. Can produce abnormal immunoglobulins.
- 85. Which of the following is the most common malignant lesion of the bone:**
- a. Chondrosarcoma.
 - b. Fibrosarcoma.
 - c. Ewing's sarcoma.
 - d. Osteosarcoma.
- 86. Osteoid osteoma originates from:**
- a. Periosteum.
 - b. Cortex.
 - c. Medullary cavity.
 - d. All of the above.
- 87. Sun ray appearance of osteosarcoma is because of:**
- a. Periosteal reaction.
 - b. Osteonecrosis.
 - c. Calcification along vessels.
 - d. None of the above.
- 88. An adamantinoma histologically contains:**
- a. Squamous cell nests.
 - b. Palisading cells.
 - c. Cells resembling basilar cells.
 - d. All of the above.
- 89. If an unstable hip is detected at birth the best management is:**
- a. Do nothing and re-examine every six months as only a minority of hips develop into a persistent dislocation.
 - b. Use a splint to keep the hip joint in 45° flexion and adduction.
 - c. Use a splint to keep the hip joint in 90° flexion and abduction.
 - d. Advise operative stabilization.

Self-Assessment

- 90. In pott's disease of the spine, the following statements are correct except that it :**
- a. Is commonest in male children.
 - b. Affects the dorsolumbar region most often.
 - c. May affect one vertebra only.
 - d. Is due to blood spread of tubercle bacilli from a primary focus.
 - e. May remain silent until deformity, cold abscess or paraplegia.
- 91. The radiological signs of Pott's disease include the following except:**
- a. Wedging of vertebral bodies.
 - b. Decalcification and rarefaction of affected segment.
 - c. Intact intervertebral discs.
 - d. Angular kyphosis.
 - e. Soft tissue shadow due to cold-abscess formation.
- 92. The metastatic lesion most often involving the spine arises from :**
- a. Breast.
 - b. Lung.
 - c. Stomach.
 - d. Kidney.
 - e. Prostate.
- 93. Radial nerve paralysis is most often associated with:**
- a. Fracture of the surgical neck of the humerus.
 - b. Spiral fracture of the humerus.
 - c. Supracondylar fracture of the humerus.
 - d. Fracture of the lateral condyle of the humerus.
 - e. Fracture of the radial head.
- 94. The signs of fractured shaft of a bone do not include:**
- a. Swelling.
 - b. Deformity.
 - c. Loss of all movements in the limb.
 - d. Acute localized bone tenderness.
 - e. Abnormal mobility in the line of the bone.
- 95. In the following types of fractures of long bones, crepitus can be elicited only in :**
- a. Fissures.
 - b. Subperiosteal cracks.
 - c. Greenstick fractures.
 - d. Spiral and oblique fractures.
 - e. Impacted fractures.

- 96. The local complications of closed fractures do not include:**
- Malunion.
 - Non-union.
 - Infection.
 - Sudek's atrophy.
 - Joint stiffness.
- 97. Which statement is untrue concerning Sudek's atrophy?**
- Occurs most often after wrist and ankle injuries.
 - Is characterized by severe pain and stiffness.
 - Is never associated with local vasomotor symptoms.
 - Produces characteristic radiological signs.
 - May require sympathetic block or sympathectomy.
- 98. Concerning fracture of the shaft of the clavicle, it is untrue that it:**
- Is usually due to direct trauma.
 - Commonly involves the middle third.
 - Is often associated with overriding of fragments.
 - Causes dropping and deformity of shoulder.
 - Is usually treated by figure-of-eight bandage.
- 99. The most vulnerable structure in supracondylar fracture of the humerus is the :**
- Median cubital vein.
 - Brachial artery.
 - Median nerve.
 - Ulnar nerve.
 - Radial nerve.
- 100. Concerning extension Monteggia's fracture-dislocation, it is untrue that it:**
- Consists of fracture of the upper third of the ulna and anterior dislocation of the radial head.
 - Is usually due to a severe blow on the back of the forearm.
 - Can be treated by manipulative reduction in children.
 - Always requires surgical treatment in adults.
 - Is rarely associated with complications.
- 101. An elderly female sustained Colles' fracture which was properly treated. However, she developed severe pain and stiffness of the wrist with coldness and cyanosis of the hand. X-ray examination revealed diffuse decalcification of the bones. She proved to be suffering from:**
- Causalgia.
 - Tuberculous arthritis of wrist joint.
 - Traumatic tenosynovitis.
 - Sudek's atrophy.
 - Osteoarthritis of wrist joint.

Self-Assessment

102. A march. fracture most frequently results from:

- a. Direct trauma.
- b. Jumping from a height.
- c. Muscle fatigue from. prolonged walking.
- d. Use of high - heeled shoes.
- e. Osteoporosis.

103. Which cell is primarily responsible for production of alkaline phosphatase:

- a. Fibroblast.
- b. Chondroblast.
- c. Osteoclast.
- d. Osteoblast.
- e. Hepatocyte.

104. A 7-year-old child presented with intermittent limp and pain in the right hip and knee. On examination, flexion and extension movements were free and there was no tenderness and no muscle wasting. X-ray examination confirmed the diagnosis of :

- a. Early tuberculous arthritis of the hip joint.
- b. Traumatic arthritis.
- c. Perthes' disease.
- d. Slipped upper femoral epiphysis.
- e. Coxa vara.

105. A 9-year-old boy presented with limping and pain in the right knee two days after a fall in the street. On examination he looked ill and in severe pain with high fever and swelling of the knee region extending to the thigh which was warm and very tender. The most probable diagnosis is:

- a. Traumatic synovitis.
- b. Hemarthrosis.
- c. Acute osteomyelitis of the femur.
- d. Septic arthritis of knee.
- e. Bone sarcoma.

106. Solitary bone cyst is characterized by the following features except that it :

- a. Occurs most often in children and adolescents.
- b. Usually arises in the diaphysis of a long bone.
- c. Often remains symptomless until complicated by pathological fracture.
- d. Appears as a clear ovoid expanding cavity in the x-ray.
- e. May be associated with new-bone formation.

107. Concerning osteoclastoma, the following statements are correct except that it :

- a. Usually occurs between the ages of 15 'and 40 years.
- b. Always arises in the metaphyseal region of cartilagenous bones.
- c. Consists of large giant cells in a very vascular stroma of spindle cells.
- d. Presents as a painless glohular swelling with well-defined edge.
- e. Produces diagnostic radiological signs.

108. The treatment of osteoclastoma includes the following measures except

- a. Curettage of tumor tissue and packing cavity with bone chips.
- b. Excision with safety margin of bone.
- c. Amputation.
- d. Radiotherapy.
- e. Chemotherapy.

109. Ewing's sarcoma is characterized by the following except that it:

- a. Is a common tumor of children.
- b. Always arises in the metaphysis of a long bone.
- c. Presents as a fusiform swelling with inflammatory changes in the overlying soft tissues.
- d. May be associaed with leucocytosis.
- e. Produces characteristic radiological signs.

110. The most common osteolytic metastasis in bones are derived from the:

- a. Lung.
- b. Breast.
- c. Stomach.
- d. Kidney.
- e. Prostate.

111. A 60-year-old male with 3 months history of severe back-ache, anemia and loss of weight, developed severe girdle pains with weakness of the lower limbs. Examination revealed low grade fever with marked tenderness over the spine, ribs, sternum, skull and pelvic bones.

X-ray examination of the skeleton revealed multiple punched out defects without any new bone formation. The most probable diagnosis is:

- a. Bone metastasis from an occult primary.
- b. Multiple myeloma.
- c. Osteitis fibrosa cystica.
- d. Hand Schuller-Christian's disease.
- e. Paget's disease.

Self-Assessment

112. The following statements about, cubitus valgus deformity are correct except that:

- a. It may be due to malunited supracondylar fracture of the humerus or non united fracture of the lateral condyle.
- b. The deformity is most obvious when the elbow is fully flexed.
- c. It predisposes to delayed ulnar neuritis.
- d. Treatment by supracondylar osteotomy is necessary only when the deformity is severe.

113. The earliest radiological sign in congenital hip dislocation in infants is:

- a. The small shallow acetabulum.
- b. The hypoplastic femoral head.
- c. The shortened anteverted femoral neck.
- d. Distortion of Shenton's line.
- e. Displacement of the femoral head from the acetabulum.

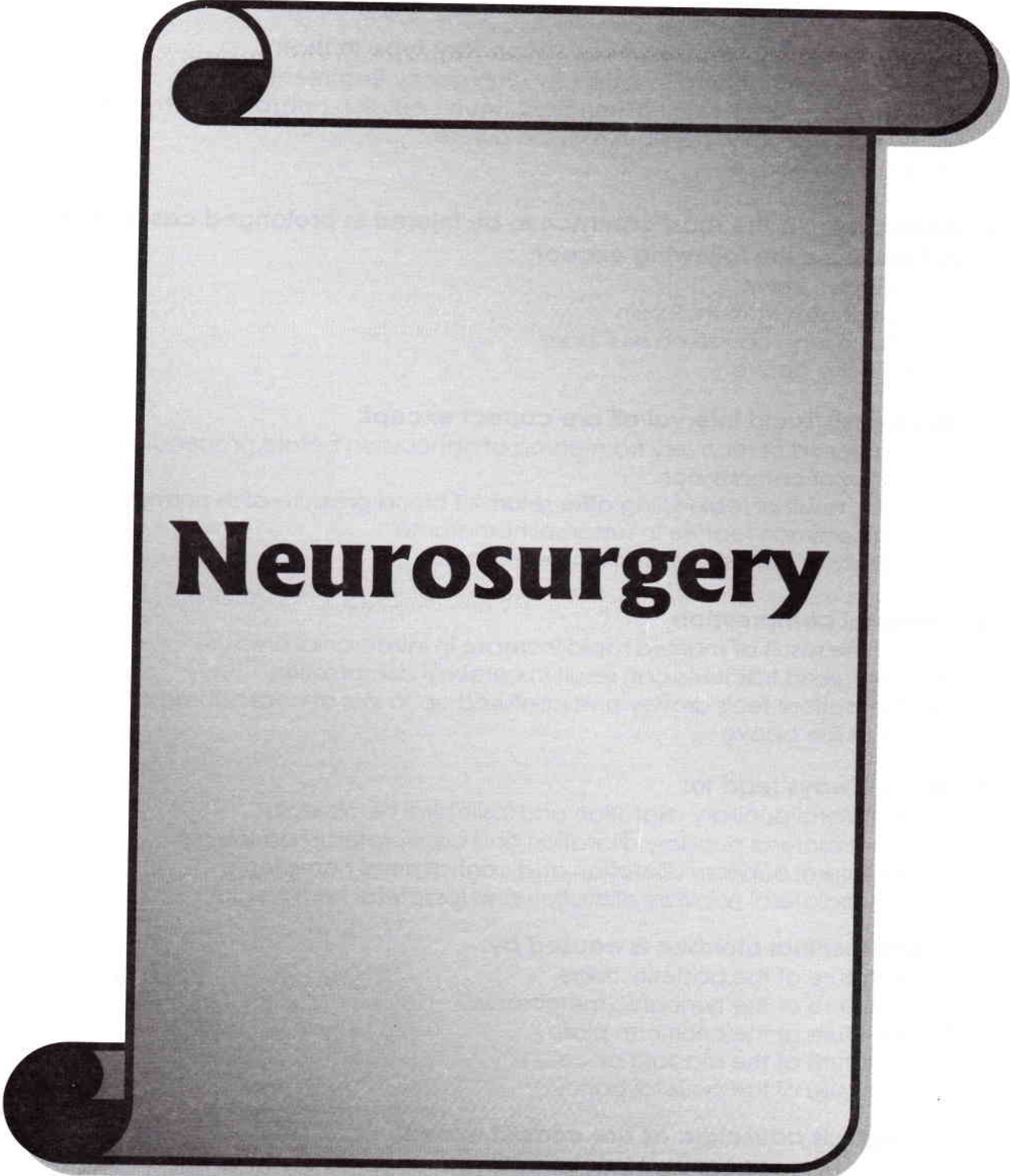
114. Paralytic talipes is differentiated from congenital talipes by the following features except that:

- a. The deformity appears later after birth.
- b. The limb is atrophied, cyanosed and cold.
- c. The muscles are wasted and flabby.
- d. Usually both sides are affected.
- e. The deformity can be corrected easily by manipulation.

Volume-I MCQ

ORTHOPEDIC

- | | | |
|---------------|---------------|----------------|
| 1. Answer: C | 40. Answer: C | 79. Answer: D |
| 2. Answer: C | 41. Answer: C | 80. Answer: A |
| 3. Answer: B | 42. Answer: C | 81. Answer: A |
| 4. Answer: E | 43. Answer: B | 82. Answer: C |
| 5. Answer: C | 44. Answer: B | 83. Answer: B |
| 6. Answer: C | 45. Answer: B | 84. Answer: C |
| 7. Answer: C | 46. Answer: C | 85. Answer: C |
| 8. Answer: B | 47. Answer: E | 86. Answer: D |
| 9. Answer: C | 48. Answer: C | 87. Answer: B |
| 10. Answer: E | 49. Answer: C | 88. Answer: C |
| 11. Answer: B | 50. Answer: A | 89. Answer: D |
| 12. Answer: C | 51. Answer: C | 90. Answer: C |
| 13. Answer: C | 52. Answer: A | 91. Answer: C |
| 14. Answer: D | 53. Answer: D | 92. Answer: C |
| 15. Answer: D | 54. Answer: B | 93. Answer: E |
| 16. Answer: C | 55. Answer: B | 94. Answer: B |
| 17. Answer: C | 56. Answer: E | 95. Answer: C |
| 18. Answer: B | 57. Answer: A | 96. Answer: D |
| 19. Answer: C | 58. Answer: D | 97. Answer: C |
| 20. Answer: C | 59. Answer: B | 98. Answer: C |
| 21. Answer: C | 60. Answer: E | 99. Answer: A |
| 22. Answer: B | 61. Answer: B | 100. Answer: B |
| 23. Answer: B | 62. Answer: B | 101. Answer: E |
| 24. Answer: C | 63. Answer: A | 102. Answer: D |
| 25. Answer: E | 64. Answer: C | 103. Answer: D |
| 26. Answer: E | 65. Answer: B | 104. Answer: D |
| 27. Answer: A | 66. Answer: A | 105. Answer: C |
| 28. Answer: C | 67. Answer: C | 106. Answer: C |
| 29. Answer: C | 68. Answer: B | 107. Answer: E |
| 30. Answer: D | 69. Answer: B | 108. Answer: B |
| 31. Answer: C | 70. Answer: A | 109. Answer: E |
| 32. Answer: B | 71. Answer: B | 110. Answer: B |
| 33. Answer: D | 72. Answer: E | 111. Answer: B |
| 34. Answer: C | 73. Answer: B | 112. Answer: B |
| 35. Answer: C | 74. Answer: C | 113. Answer: B |
| 36. Answer: D | 75. Answer: A | 114. Answer: D |
| 37. Answer: A | 76. Answer: C | 115. Answer: D |
| 38. Answer: D | 77. Answer: B | |
| 39. Answer: B | 78. Answer: B | |



Neurosurgery

1. **Primary brain injury differs from secondary type in that:**
 - a- Primary cannot be prevented by emergency treatment
 - b- Secondary is the result of impaired tissue perfusion and/or tissue hypoxia
 - c- Primary is usually focal but may be diffuse
 - d- All of the above
2. **Abducent n. is the most common to be injured in prolonged cases of ↑ ICT because the following except:**
 - a- It is a thin nerve
 - b- It originates from midbrain
 - c- It has a long course on skull base
 - d- All of the above
3. **As regards Lucid interval all are correct except:**
 - a. Is a period of recovery from coma of concussion before proceeding to coma of compression
 - b. Is the result of rebleeding after return of blood pressure of its normal value.
 - c. Is a common feature in subdural hematoma
 - d. Usually occurs with extradural hematoma
4. **Cerebral compression**
 - a- It is the result of marked rapid increase in intracranial pressure
 - b- Depressed fractures can result in cerebral compression
 - c- The patient feels drowsy and confused up to loss of consciousness
 - d- All of the above
5. **↑ ICT always lead to:**
 - a. Ipsilateral pupillary dilatation and ipsilateral hemiplegia
 - b. Contralateral pupillary dilatation and contralateral hemiplegia
 - c. Ipsilateral pupillary dilatation and contralateral hemiplegia
 - d. Contralateral pupillary dilatation and Ipsilateral hemiplegia
6. **Cerebrospinal otorrhea is caused by:**
 - a. Fracture of the posterior ridge.
 - b. Fracture of the tympanic membrane.
 - c. Fracture of the cribriform plate.
 - d. Fracture of the mastoid air cells.
 - e. Fracture of the parietal bone.
7. **As regards causalgia all are correct except:**
 - a- Commonly occurs in ulnar nerve injury
 - b- Is due to partial injury
 - c- Is a constant pain sensation in area supplied by injured nerve
 - d- Is treated by central pain killers in severe cases

Self-Assessment

8. **As regards types of nerve injury all are correct except:**
a- Axontemesis has the best prognosis
b- Neurontemesis is complete sectioning of nerve
c- No wallerian degeneration occurs in neurapraxia
d- All of the above
9. **As regards Expectant treatment all are correct except:**
a- Is indicated in all nerve injuries
b- Only indicated in closed types
c- Include massage of active exercises
d- Usually continue for 6 months
10. **As regards Klumpke's paralysis all are correct except:**
a- Means injury to upper trunk of brachial plexus
b- The main presentation is complete clawing
May be associated with horner's syndrome
d- Most common cause is complicated breech delivery
11. **In cases of median nerve paralysis the following muscle is expected to be paralyzed:**
a- Extensor pollicis longus
b- Adductor pollicis
c- Opponens pollicis
d- Third lumbrical
12. **Pseudomotor affection means:**
a- Loss of reflexes
b- Loss of voluntary movements
c- Loss of involuntary activities
d- Loss of gland activities (anhydrosis)
13. **Ulnar paradox occurs in ulnar injury:**
a- At the wrist
b- Above the elbow
c- Both of them
d- None of them
14. **Injury of radial nerve in spiral groove differs from injury in axilla in that:**
a- In injury in axilla there is loss of supination
b- Injuries in spiral groove spares nerve supply to long head of triceps
c- Extensors of wrist are not affected in injuries in spiral groove
d- All of the above
15. **Ape hand deformity is due to paralysis of:**
a- Extensors pollicis longus
b- Opponens pollicis
c- Adductor pollicis
d- All of the above

Volume-I MCQ

- 16. Clawing of any finger necessitates paralysis of the following muscle:**
- a- Dorsal interossei
 - b- Palmar interossei
 - c- Lumbricals
 - d- All of the above
- 17. Saturday night paralysis:**
- a- Is due to injury of radial nerve
 - b- Usually resolves spontaneous
 - c- The usual site of injury is the spiral groove
 - d- All of the above
- 18. The most effective treatment of persistent causalgia is:**
- a. Sympatholytics.
 - b. Physiotherapy.
 - c. Sympathectomy.
 - d. None of the above.
- 19. Causes of carpal tunnel syndrome include all of the following except:**
- a. Pregnancy.
 - b. Myxedema.
 - c. Cervical rip.
 - d. Rheumatoid arthritis.
 - e. After colle's fracture.
 - f. Often associated with vascular disorder.
- 20. A patient presents with numbness in the 1st, 2nd and 3rd toes. The nerves contributing to the numbness include:**
- a. Medial plantar nerve.
 - b. Lateral planter nerve.
 - c. Superficial peroneal nerve.
 - d. Sural nerve.
- 21. Foot drop may result from:**
- a. Lumbar disc prolapse.
 - b. Fracture neck of fibula.
 - c. Para-sagittal meningioma.
 - d. Peripheral neuropathy.
 - e. All of the above.
 - f. None of the above.
- 22. Early signs in compartmental syndrome of the anterior compartment of leg is:**
- a. Pressure felling in limbs.
 - b. Absent distal pulses or firm calf.
 - c. Pain on passive stretching the affected muscles.
 - d. Numbness and paraesthesia in the web space between the 1st and 2nd toes (deep pain).

Self-Assessment

- 23. Delayed ulnar neuritis is due to**
- a. Fractures and dislocations in the elbow region.
 - b. Wounds of the arm, forearm and wrist.
 - c. Ceubitus valgus deformity.
 - d. Leprosy.
 - e. Neurofibromatosis.
- 24. The signs of ulnar nerve injury at the wrist include the following except:**
- a. Ulnar claw-hand deformity.
 - b. Flattening of hypothenar eminence and hollowing of interosseous spaces.
 - c. Positive Froment's sign.
 - d. Failure to grip a sheet paper between two extended fingers.
 - e. Weakness of hand grasp and of flexion of wrist.
- 25. Division of the median nerve above the wrist manifests itself clinically by the following signs except:**
- a. "Ape-hand" deformity.
 - b. Loss of opposition of thumb to little finger.
 - c. Preservation of pronation of forearm.
 - d. Pointing index during clasping the hands.
 - e. Anaesthesia over palmar aspect of radial side of hand and of lateral 3^{1/2} fingers.
- 26. Median nerve injury at the wrist results in the following except:**
- a. Loss of sensation over the palmar aspect of the lateral three and half digits.
 - b. Inability to oppose the thumb to the other fingers.
 - c. Inability to flex the terminal phalanx of the thumb.
 - d. Ape-thumb deformity.
 - e. Wasting of the thenar eminence.
- 27. Which of the following statements is untrue concerning Erb-Duchenne paralysis?**
- a. Is due to injury at the junction of C5 and C6 nerve roots.
 - b. Results from hyperabduction of the arm.
 - c. Causes adduction of arm with "policemen's tip" deformity.
 - d. May be associated with swelling and tenderness in the posterior triangle of the neck.
 - e. E. Produces minimal sensory loss.
- 28. Horner's syndrome is characterized by the following except:**
- a. Ptosis of the upper eyelid.
 - b. Constriction of the pupil (miosis).
 - c. Enophthalmos.
 - d. Flushing of the affected side of face.
 - e. Excessive sweating of the same side of face.

Volume-I MCQ

- 29. Following repair of a completely transected peripheral nerve, regeneration usually proceeds at the daily rate of:**
- 0.1 mm.
 - 1 mm.
 - 5 mm.
 - 1cm
 - 1inch
- 30. The following tumors may be associated with neurofibromatosis except:**
- Acoustic neuroma.
 - Glioma.
 - Meningioma.
 - Pheochromocytoma.
 - Neuroblastoma.
- 31. An elderly male presented with a firm painless movable subcutaneous mass in his right side. The mass was excised and histological examination revealed that the mass was composed of palisade spindle cells with a peripheral nerve at one end. The next step in the management of this patient is to:**
- Reassure the patient that the surgery was curative.
 - Re-excise the area for wider margins.
 - Give prophylactic radiotherapy.
 - Re-examine the patient cafe-au-lait patches.
 - Order investigations for nerve root lesions.
- 32. Sympathectomy is most effective in :**
- Raynaud's disease.
 - Buerger's disease.
 - Acrocyanosis.
 - Scleroderma.
 - Causalgia.
- 33. The most common symptom of prolapsed lumbar disc is:**
- Radicular sciatic pain.
 - Low back pain.
 - Limping.
 - Motor loss.
 - Sensory loss.
- 34. The correct statement about lumbar disc protrusions is that they:**
- Occur most often in elderly subjects.
 - Are much more common in males than in females.
 - Most often affect the fourth and fifth discs.
 - Manifest themselves by low back pain and sciatica.
 - May produce neurological signs.

Self-Assessment

- 35. Concerning fracture-dislocations of the spine, the wrong statement is that they:**
- a. Occur most often in the lower cervical region.
 - b. Result from excessive flexion-rotation injury of the spine.
 - c. Are associated with rupture of the "posterior ligament complex".
 - d. Consist of forward dislocation of the upper vertebra and wedging or crushing of the lower vertebra.
 - e. Are commonly associated with paraplegia.
- 36. A 40-year-old male presented with low backache radiating to the left leg and foot of one week duration. Examination revealed hyposthesia over the outer aspect of the leg, loss of the left ankle jerk and inability to raise the extended leg beyond 400°. He is probably suffering from:**
- a. Pott's disease of the lumbar spine.
 - b. Strain of the left sacrospinalis muscle.
 - c. Lumbago.
 - d. Prolapsed fifth lumbar intervertebral disc.
 - e. Spinal cord tumor.
- 37. The most valuable diagnostic method in hydrocephalus is:**
- a. Plain X-ray examination.
 - b. Examination of CSF.
 - c. Dye test.
 - d. CT scanning.
 - e. Ventriculography.
- 38. Depressed fractures of the skull are characterized by the following except:**
- a. Are often compound,
 - b. May involve the base of the skull.
 - c. May be associated with profuse bleeding, leakage of CSF or protrusion of brain matter.
 - d. Always require urgent operation.
 - e. May be followed by post-traumatic epilepsy.
- 39. The false statement about fractures of the base of the skull is that they:**
- a. Are commonly due to indirect trauma.
 - b. Consist of fissures running through basal foramina and thin plates of bone.
 - c. Are rarely compound.
 - d. Carry grave risk of meningitis.
 - e. Are often associated with severe concussion.
- 40. The signs of fracture of the anterior cranial fossa include, except:**
- a. Epistaxis.
 - b. Cerebrospinal rhinorrhoea.
 - c. Subconjunctival hemorrhage.
 - d. Bleeding from the ear.
 - e. Injury to the first six cranial nerves.

Volume-I MCQ

- 41. The signs of fracture of the posterior cranial fossa include the following except:**
- a. Deep coma.
 - b. Suboccipital hematoma.
 - c. Injury to the twelfth cranial nerve.
 - d. Retraction of the head.
 - e. Stiffness of the neck.
- 42. The unconscious head-injured patient with fractured base of the II skull should be placed :**
- a. Semisitting.
 - b. Prone.
 - c. Supine.
 - d. In the head-down position.
 - e. In the semiprone position.
- 43. In cerebral concussion, the following statements are correct except:**
- a. The patient falls unconscious with relaxed muscles and closed eyes.
 - b. The skin becomes pale, cold and clammy.
 - c. The respirations become rapid and deep.
 - d. All reflexes disappear and incontinence may occur.
 - e. The pupils are contracted and reactive.
- 44. The earliest manifestation of cerebral compression in closed head injuries is :**
- a. Deterioration of consciousness.
 - b. Homolateral pupillary dilatation.
 - c. Contralateral hemiparesis:
 - d. Hypertension and bradycardia.
 - e. Cheyne-Stokes breathing.
- 45. The emergency reduction of increased intracranial pressure is most rapidly accomplished by :**
- a. Furosemide.
 - b. Urea.
 - c. Mannitol.
 - d. Dexamethasone.
 - e. Hyperventilation.
- 46. In cerebral compression due to closed head injury, the wrong statement is that it :**
- a. Is rarely preceded by concussion.
 - b. Has an insidious onset with headache, vomiting and mental dullness.
 - c. Produces characteristic pupillary changes.
 - d. May cause unilateral twitchings and convulsions.
 - e. Requires urgent surgical interference.

Self-Assessment

47. In head injuries, the most helpful investigation is:

- a. Plain X-ray of the skull.
- b. Lumbar puncture.
- c. Angiography.
- d. Ventriculography.
- e. CT scanning.

48. In head injuries, the most urgent measure is:

- a. Control of bleeding from scalp wounds.
- b. Correction of shock from extracranial causes.
- c. Clearing the air passages and ensuring adequate pulmonary ventilation.
- d. Thorough general and neurological examination.
- e. Dealing with associated skeletal or visceral injuries.

49. The incorrect statement about middle meningeal hemorrhage is that it:

- a. Usually results from a blow on the side of the head.
- b. Is rarely associated with fracture of the skull.
- c. Arises most often from the anterior branch of the artery.
- d. May be associated with a hematoma under the scalp.
- e. Requires urgent operation.

50. Vomiting not preceded by nausea is suggestive of:

- a. Gastritis.
- b. Pyloric obstruction.
- c. Intestinal obstruction.
- d. Appendicitis.
- e. Raised intracranial pressure.

51. The manifestations of raised intracranial pressure not include:

- a. paroxysmal headache which often awakens the patient in the early morning.
- b. Vomiting without nausea and not related to food.
- c. Giddiness and retarded cerebation.
- d. Tachycardia.
- e. Papilledema with congested veins and multiple hemorrhages.

52. The incorrect statement about acoustic neuroma is that it:

- a. Arises from the neurolemma sheath of the acoustic nerve.
- b. May be bilateral and associated with "cafe-au-lait" patches.
- c. Grows slowly in the cerebellopontine angle.
- d. Involves the eighth nerve only.
- e. May cause cerebral and pyramidal signs.

Volume-I MCQ

- 53. Following a motorcycle accident, a young male lost consciousness for a few minutes. on admission to hospital, he was fully oriented but skull films revealed a fracture of the left temporal bone. Soon after, the patient lost consciousness and the left pupil was noted to be dilated. this patient should be considered to have:**
- a. A ruptured berry aneurysm or A.V. malformation.
 - b. Acute subdural hematoma.
 - c. Left middle meningeal hemorrhage.
 - d. Acute intra-abdominal hemorrhage.
 - e. Massive cerebral edema.
- 54. Subaponeurotic hematoma of the scalp is characterized by the following features except that it :**
- a. Collects in the loose areolar tissue under the aponeurosis.
 - b. Usually forms an extensive soft fluctuating swelling.
 - c. May extend to the eyebrows anteriorly.
 - d. Never reaches the superior nuchal lines posteriorly.
 - e. Carries risk of intracranial extension of infection.

Self-Assessment

NEUROSURGERY

- | | |
|---------------|---------------|
| 1. Answer: d | 45. Answer: e |
| 2. Answer: b | 46. Answer: a |
| 3. Answer: c | 47. Answer: e |
| 4. Answer: d | 48. Answer: c |
| 5. Answer: c | 49. Answer: b |
| 6. Answer: e | 50. Answer: e |
| 7. Answer: a | 51. Answer: d |
| 8. Answer: a | 52. Answer: d |
| 9. Answer: a | 53. Answer: c |
| 10. Answer: a | 54. Answer: d |
| 11. Answer: c | |
| 12. Answer: d | |
| 13. Answer: b | |
| 14. Answer: b | |
| 15. Answer: b | |
| 16. Answer: d | |
| 17. Answer: d | |
| 18. Answer: c | |
| 19. Answer: c | |
| 20. Answer: c | |
| 21. Answer: e | |
| 22. Answer: c | |
| 23. Answer: c | |
| 24. Answer: e | |
| 25. Answer: c | |
| 26. Answer: c | |
| 27. Answer: b | |
| 28. Answer: e | |
| 29. Answer: b | |
| 30. Answer: e | |
| 31. Answer: a | |
| 32. Answer: e | |
| 33. Answer: a | |
| 34. Answer: a | |
| 35. Answer: a | |
| 36. Answer: d | |
| 37. Answer: d | |
| 38. Answer: b | |
| 39. Answer: c | |
| 40. Answer: d | |
| 41. Answer: c | |
| 42. Answer: a | |
| 43. Answer: c | |
| 44. Answer: a | |



Plastic Surgery

Self-Assessment

PLASTIC

1. The main advantage of Lund and Browder charts over rule of nines is:

- a- It is easier
- b- More accurate to regarding sex of patient
- c- More accurate regarding age of patient
- d- All of the above

2. About 3rd degree (full thickness) burn:

- a- Completely painless
- b- No graft is needed
- c- Healing occurs from skin appendages
- d- Usually dry, white or black

3. In Parkland's formula, the initial fluid replacement in 1st day is:

- a- 5% glucose
- b- Normal saline
- c- Ringer lactate
- d- Normal saline + ringer lactate
- e- Blood + normal saline guided by hematocrite value

4. In the rule of nines:

- a- Front of trunk → 27%
- b- Head and neck → 18 %
- c- Each lower limb → 18%
- d- All of the above

5. About management of burns:

- a- Biological dressing decreases all complications of burn
- b- Parkland's formula is a good rule for fluid replacement
- c- Occlusive dressing is easier to perform
- d- Exposure method is suitable for face and buttocks
- e- All of the above

6. About healing intentions:

- a. Ulcers heal by first intention
- b. Second intention gives better cosmeses than first
- c. First intention occurs on clean cut edges without gaps or tissue loss
- d. All of the above

7. All of the followings are factors affecting wound healing:

- a. Age of the patient
- b. General condition
- c. Corticosteroid
- d. Type of wound and type of closure
- e. All of the above.

Volume-I MCQ

- 8. The following are (is) correctly matched about origin of skin tumors:**
- a- Squamous cell carcinoma → epidermis
 - b- Basal cell carcinoma → Basal areas or appendages
 - c- Melanoma → melanocytes
 - d- All of the above
- 9. The best prognostic plastic factor in malignant melaonoma is:**
- a- Clark's level
 - b- Age of the patient
 - c- Duration of the disease
 - d- Breslo's staging (tumor thickness)
- 10. The following (are) is correct about incidence of malignant melanoma:**
- a-The most common type is the superficial spreading one
 - b- Its more common in males
 - c- Overall incidence is declining
 - d- Very rare to occur on top of benign mealonma
- 11. The most characteristic histopathological finding in basal cell carcinoma is:**
- a- Microscopic LNs metastasis
 - b- Cell nests
 - c- Pallisade appearance
 - d- Anaplastic collections
- 12. 30- The most common type of basal cell carcinoma is:**
- a- Rodent ulcer
 - b- Turban type
 - c- Pigment type
 - d- Field fire type
- 13. All of the following are signs of epitheliomatous transformation in basal cell carcinoma except:**
- a- Rapid growth
 - b- Invasion of basement membrane
 - c- Everted edges
 - d- Hard fixed LNs
- 14. The following type of malignant melanoma has the best prognosis:**
- a- Superficial spreading type
 - b- Amelanotic melanoma
 - c- Acral type
 - d- Nodular melanoma

Self-Assessment

- 15. Amelanotic melanoma is differentiated from SCC by:**
- a- X-ray to detect bone affection
 - b- LNs biopsy
 - c- DOPA test
 - d- Can not be differentiated except after excision
- 16. Surgical excision in malignant melanoma:**
- a- Is performed only in inoperable case
 - b- Is advisable whatever the stage and type
 - c- Can be replaced by irradiation
 - d- There is no need for surgical excision of LNs
- 17. The following are (is) incorrectly matched about behavior of skin tumors:**
- a- Malignant melanoma → locally malignant tumor
 - b- Squamous cell carcinoma → malignant tumor
 - c- Basal cell carcinoma → locally malignant tumor
 - d- Hemangioma → Hamartoma
 - e- Nevi → benign tumor
- 18. A case presented by chronic ulcer resistant for healing, the following support your diagnosis as basal cell carcinoma except:**
- a. Male sex
 - b. 50 years age
 - c. Face as primary site
 - d. The surgeon decision to conserve
- 19. The most common site for the following diseases is correctly matched except:**
- a- Keloids → face, neck and skin over sternum
 - b- Hypertrophic scars → extensor surfaces
 - c- Hemangiomas → head and neck
 - d- Basal cell carcinoma → face
- 20. The following about squamous cell carcinoma is untrue:**
- a- Xeroderma pigmentosa is a recognized risk factor
 - b- SCC occurs in sun exposure areas
 - c- SSS is called marjolin's ulcer when it occurs in chronic ulcers
 - d- It can give distant metastasis in contrary to BCC
 - e- All are true
- 21. Contraindications to irradiation in skin malignancy include the following except the following except:**
- a- Recurrent tumors (after irradiation)
 - b- Deeply invasive tumors
 - c- Lesions in upper half of face
 - d- Old age group

22. Risk factors for malignant transformation in naevi include the following except:

- a- Microscopic → junctional type
- b- Macroscopic → lentigo
- c- Incomplete removal
- d- Chronic irritation

23. Langen beek's repair:

- a- Is a method of grafting in burns
- b- Is a method of repair after surgical excision of SCC
- c- Is a method of repair of cleft lip
- d- Is a method of repair of cleft palate

24. About cleft upper lip all are correct except:

- a- Median is the most common T
- b- Lateral is due to non-fusion of median nasal process (future frenulum) with maxillary process
- c- Lateral is more common on left side
- d- Best time for repair is the earliest possible time (3 months)
- e- Repair is mainly for cosmetic purposes

25. About cleft palate all are correct except:

- a- Usually associated with other congenital anomalies
- b- May range from cleft uvula up to tripartite deformity
- c- Causes nasal regurgitation, nasal deformity
- d- Best time for repair is 5 years old

26. The following are type of subtypes of capillary hemangioma except:

- a- Strawberry hemangioma
- b- Portwine hemangioma
- c- Cirroid aneurism
- d- Salmon Patch

27. A subtype of capillary hemangioma raised above skin surface:

- a- Strawberry hemangioma
- b- Portwine hemangioma
- c- Salmon patch
- d- None of the above

28. All the followings are presentations of cancer tongue:

- a- Asymptomatic
- b- Referred otalgia
- c- Fissured tongue
- d- Halitosis
- e- All of the above.

Self-Assessment

29. All the followings are predisposing factors for cancer tongue except:

- a- Cigarette smoking
- b- Spicy food
- c- Septic tooth
- d- Sjogren syndrome
- e- Syphilis

30. First-intention healing of clean incised wounds is characterized by the following except:

- a. An inflammatory reaction during the first few days.
- b. Epithelialization within 48 hours.
- c. Fibroblastic proliferation and capillary budding during the next week.
- d. Regain of normal tensile strength within 4 weeks.
- e. E. Production of thin linear scar.

31. Wound healing is not impaired by

- a. Anemia.
- b. Hypoproteinemia.
- c. Ascorbic acid deficiency.
- d. Cortisone administration.
- e. Immunosuppressive therapy.

32. Metabolic changes after burning are due to the following except :

- a. The endocrine responses to injury.
- b. Local fluid loss into the burnt area.
- c. Reduced heat loss.
- d. Increased insensible water loss.
- e. Bacterial infection.

33. The most frequent gastrointestinal complication of an extensive burn is :

- a. Acute gastritis.
- b. Acute dilatation of the stomach.
- c. Curling's ulcer.
- d. Paralytic ileus.
- e. Diarrhea.

34. The most useful measure in preventing renal shut-down in postburn patients is :

- a. Maintaining an hourly urine output between 30 and 50 ml.
- b. Alkalinization of the urine.
- c. Mannitol administration.
- d. Administration of colloids.
- e. Blood transfusion.

35. Which statement is incorrect concerning electrical burns ?

- a. Usually have a small surface area.
- b. Are always superficial.
- c. Are often associated with massive muscle necrosis.
- d. May cause reddish discoloration of the urine.
- e. Are best treated by immediate excision and grafting.

- 36. Keloids are characterized by the following, except:**
- a. Consist of dense overgrowth of scar tissue.
 - b. Develop after wounds, burns and vaccination marks.
 - c. Are particularly common in negroes and pregnant females.
 - d. Occur most often on the face, neck and front of the chest.
 - e. May turn malignant.
- 37. Which statement is untrue concerning malignant melanoma?**
- a. Is common in children, negroes and Asians.
 - b. Usually occurs between the ages of 50 and 60 years.
 - c. May arise do novo or in a benign pigmented naevus.
 - d. Always carries a bad prognosis.
 - e. May undergo spontaneous regression.
- 38. Malignant melanoma is characterized by the following except:**
- a. Rarely arises from hair-bearing naevi.
 - b. Frequently arises from junctional naevi.
 - c. Is rare in the black races.
 - d. Is radiosensitive.
 - e. Carries the worst prognosis when arising in the head, neck or trunk.
- 39. The prognosis of patients with malignant melanoma depends on:**
- a. Depth of invasion.
 - b. Clinical stage of the disease.
 - c. Location of the tumor.
 - d. All of the above.
 - e. None of the above.
- 40. Which statement is incorrect concerning varicose ulcers?**
- a. Are always chronic and often recurrent.
 - b. Occur most often on the medial aspect of the lower third of the leg.
 - c. Are always associated with superficial varicosities.
 - d. Have punched-out edges.
 - e. Are often surrounded by an area of induration, pigmentation, edema and dermatitis.
- 41. The following statements about bed-sores (Decubitus ulcers) are correct except:**
- a. Occur in bed-ridden patients.
 - b. Usually involve pressure points on the back.
 - c. Result from pressure ischemia and sloughing.
 - d. Never penetrate deeply to involve muscle and bone.
 - e. Are preventable by proper nursing care.
- 42. Which statement is incorrect concerning rodent ulcer?**
- a. Is a basal-cell carcinoma.
 - b. Have a red granular floor and a rolled-in beaded edge.
 - c. May be pigmented.
 - d. May spread to regional lymph nodes.
 - e. Is best treated by surgical excision.

Self-Assessment

- 43. Concerning basal-cell carcinomas, the false statement is that they are :**
- a. Much less common than squamous cell carcinomas.
 - b. Very rare in oriental and black races.
 - c. Particularly common in tropical regions.
 - d. Characterized histologically by dark-staining solid masses of cells arising from the basal layer of the epidermis.
 - e. Commonest on the exposed skin of blonde subjects and outdoor workers.
- 44. A paraplegic bed-ridden patient developed a large deep bed-sore over his sacrum. The best treatment is by wide excision and :**
- a. Local applications.
 - b. Thiersch grafting.
 - c. Wolfe-grafting.
 - d. Local skin flaps.
 - e. Myocutaneous flap.
- 45. In unilateral hare-lip, the following statements are true except that it:**
- a. Affects the upper lip only.
 - b. May be partial or complete.
 - c. Is due to failure to fusion between the maxillary process with the frontonasal process and the maxillary process of the opposite side.
 - d. Is always associated with nasal deformity.
 - e. Produces no serious speech defects.
- 46. The wrong statement about carcinoma of the lip is that it:**
- a. Affects males much more often than females.
 - b. Usually occurs on the lower lip.
 - c. May produce a "Kissing cancer" on the other lip.
 - d. Is most often a well-differentiated squamous cell carcinoma.
 - e. Spreads to the regional glands by lymphatic permeation.
- 47. A completely excised skin lesion of the face proved to be a basal cell carcinoma. The further management of the case should be :**
- a. Lymph node dissection.
 - b. Radiotherapy.
 - c. Chemotherapy.
 - d. Regular follow up.
 - e. Reassurance of the patient.
- 48. Dental ulcer is characterized by the following features except that it:**
- a. Occurs in relation to a carious or irregular tooth.
 - b. Is usually painful.
 - c. Has an elongated shallow floor and a sloping edge.
 - d. Never causes enlargement of the regional lymph nodes.
 - e. May closely simulate malignant ulcer.

Volume-I MCQ

- 49. Carcinoma of the tongue infiltrating the mandible is best treated by:**
- a. Radiotherapy of both primary and regional gland.
 - b. Two-stage excision of primary and regional glands.
 - c. Monoblock excision of primary and whole lymphatic area (Commando operation).
 - d. Radiotherapy for primary followed by radical neck dissection.
 - e. Excision of primary and radiotherapy to cervical lymph nodes.
- 50. Concerning complete cleft palate, the untrue statement is that it :**
- a. Is due to failure fusion of the palatal shelves of the maxillary processes with each other and with the frontonasal process.
 - b. Is often associated with cleft-lip and broadening of the face.
 - c. Interferes with nutrition and speech.
 - d. Predisposes to upper respiratory tract infections.
 - e. Requires surgical repair after the second year of life.
- 51. The most frequent fracture of the face involves the:**
- a. Zygoma.
 - b. Maxilla.
 - c. Orbital floor.
 - d. Nasal bones.
 - e. Mandible.
- 52. Concerning fibrous epulis, the incorrect statement is that it :**
- a. Is a soft fibroma of the mucoperiosteum around a carious tooth.
 - b. Forms a small pedunculated swelling arising between two incisor teeth.
 - c. Is covered by intact epithelium.
 - d. May be highly vascular or fibrous.
 - e. Is treated by local excision.
- 53. Correct statements about dentigerous cyst include the following except that it :**
- a. Occurs in children and adolescents in relation to a missing tooth.
 - b. Is more common in the upper than in the lower jaw.
 - c. Presents as a globular swelling expanding the jaw.
 - d. Is lined with squamous epithelium.
 - e. Contains a glairy fluid around an unerupted tooth.

Self-Assessment

PLASTIC

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|---------------|---------------|
| 1. Answer: C | 45. Answer: E |
| 2. Answer: D | 46. Answer: B |
| 3. Answer: C | 47. Answer: D |
| 4. Answer: C | 48. Answer: D |
| 5. Answer: E | 49. Answer: C |
| 6. Answer: C | 50. Answer: E |
| 7. Answer: E | 51. Answer: E |
| 8. Answer: D | 52. Answer: E |
| 9. Answer: D | 53. Answer: B |
| 10. Answer: A | |
| 11. Answer: C | |
| 12. Answer: A | |
| 13. Answer: B | |
| 14. Answer: A | |
| 15. Answer: C | |
| 16. Answer: B | |
| 17. Answer: A | |
| 18. Answer: D | |
| 19. Answer: B | |
| 20. Answer: E | |
| 21. Answer: D | |
| 22. Answer: B | |
| 23. Answer: D | |
| 24. Answer: A | |
| 25. Answer: D | |
| 26. Answer: C | |
| 27. Answer: A | |
| 28. Answer: E | |
| 29. Answer: D | |
| 30. Answer: D | |
| 31. Answer: A | |
| 32. Answer: C | |
| 33. Answer: B | |
| 34. Answer: A | |
| 35. Answer: B | |
| 36. Answer: E | |
| 37. Answer: A | |
| 38. Answer: D | |
| 39. Answer: D | |
| 40. Answer: C | |
| 41. Answer: D | |
| 42. Answer: D | |
| 43. Answer: A | |
| 44. Answer: E | |